

- * Facts on AIDS
 - * Campus News
 - * Club Announcements
 - * Feature on Eating Disorder Week
- * L.U. Sports Highlites
 - * Entertainment This Week
 - * CFLR Propaganda
 - * AND much, much, much more!!!

Quote of the Week "Let's Talk "



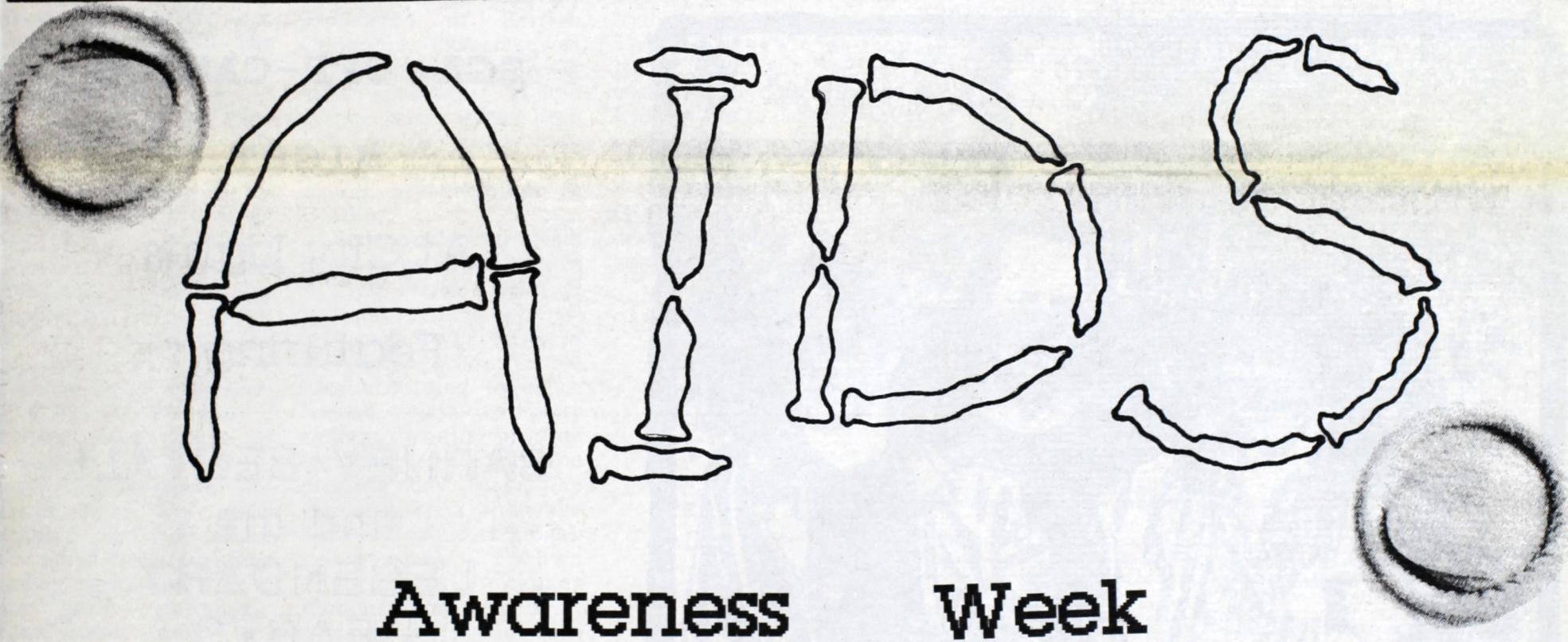
Laurentian University

VOLUME 29

LAMBDA 6

LAURENTIAN UNIVERSITY'S OFFICIAL STUDENT PAPER

THURSDAY, OCTOBER 18, 1990



October 15 to October 19,

FACTS ABOUT AIDS AND HIV INFECTION IN CANADA

What is AIDS and HIV Infection

AIDS is short for Acquired Immunodeficiency Syndrome. It's the final stage of HIV infection when the body's defences are destroyed, leaving them susceptible to many serious infections and cancers.

AIDS is caused by

the HIV (Human Immunodeficiency Virus). Once infected a person probably has the virus for life. Some people will remain healthy for years; others will develop AIDS.

20% of people with AIDS are aged 20-29 years. Because the latency period for the virus can be 7 or more years, many of these people were probably infected as teenagers.

Over half of the women in Canada who have developed AIDS, contracted the virus through heterosexual activity. Over 60% of

reported cases among women are between the ages of 20-39.

Of the total AIDS cases among adults, injection drug use has been reported among 4.1% of men and 6.2% of women.

Knowledge and Attitudes of Canadians

Canadian adults have some serious misunderstandings about HIV infection and AIDS:

- 24% did not know that HIV can be passed on to someone else even though the infected person has no signs or symptoms of illness.
- 26% said that a

person can become infected by donating blood, another 5% were not sure.

- 11% thought that AIDS was a curable disease if treated early, 18% were not sure.

97% of adults said that they supported AIDS education in schools and 75% said the programs should begin when children are 12 years of age or younger.

Approximately 80% of Canadians believe that HIV infected persons should be legally protected from discrimination by landlords and employers.

In a recent survey, 16 of the 1 253 adult respondents reported that they had shared a needle with someone else. If projected to the Canadian population, this means and estimated 250 000 people have shared a needle.

77% of the street youth interviewed believed they needed to know more about AIDS.

Sexually active young adults generally have a negative attitude toward the use of condoms and approximately one-quarter never use a condom.

GST and The University

In an interview with the treasurer's office, Sue Rady was asked about the effects of the GST on the university. What follows is the basics of what the Treasury office understands.

Yes, the GST will affect the university. Under the confines of GST definition, there are three types of "supply" that are defined as such; 1) Taxable-qualifying for 70% rebates.

2) "0"(zero) rated-tax free

3) Tax exempt.

The taxable items which will qualify for 70% rebates are as follows: Summer rentals; Residences, (Not if under \$20 a day); Parking; I.D. cards; Diploma replacement, Special exams; Postal Fees; material directly tied to Continuing Education course program; Meals in cafeteria, and any kind of transfer of property, ie: school records, transcripts,



etc... Here it should be mentioned that everything the university purchases, supplies used in the running the university, will have the GST placed on top of the provincial sales tax.

Zero rated-tax free goods and services are as follows: Prescriptions; Medical expenses; Groceries; Agricultural and Fishing; Transportation; Real Property; Health Care; Educational Fees; Child and Personal Care; Legal Aid; Public Sector Bodies; financial Services; Ferry, Road and Bridge Toll's.

Tuition fees will not be subject to GST.

Peter Hudyman

Mine-Mill Fight GST

On Friday, Oct. 12, Mine-Mill President Rick Briggs announced the Union's intention to fight the GST. He asked union and non-union members to return their Michael Wilson releases that paint the GST as the tax

alternative for Canada. The releases are small, and newspaper-like in format; all you have to do is address the package; care of The Hon. Micheal Wilson, Minister of Finance, Ottawa, Ont.

Peter Hudyman

Members of the International Student Organization (ISO) went to Killarney Provincial Park on Saturday, October 6th, just north of Georgian Bay.

They enjoyed the splendid colours of autumn by picnicking and hiking to Lundman Lake.

For those who didn't make it, you missed a great day. We hope to see you at our next activity which will be posted soon.

INTERNATIONAL STUDENTS ORGANIZATION



SGA OFF-CAMPUS

NIGHT

At City Lights

Featuring :

BARNEY BENTALL
and the
LEGENDARY
HEARTS

Tuesday, Oct. 23 @
8:00 p.m.

\$4 SGA members--in advance or at the door
\$7 Non-SGA and anyone else in Sudbury who's over 19 (Residences: Contact your residence president for details on busses.)



The Historical Emergence of Canada's Third National Party

The recent breakthrough of the New Democratic Party in Ontario gave the party its first win and majority in Canada's strongest province. It is a major victory for those who have strong "non-traditionalist" views on how our society should be run, and more importantly, the idea that people within society should be treated with dignity. It has been a long, hard struggle for those who feel there is a better way.

The emergence of a three party system within Canada can be traced back to the 1920's when the farmers formed the "Progressives" or the Independent Labour Party in the west, who were fed up with the elitist attitudes of Laurier's government. As a social movement, the Progressives did not pick up much steam, as the Liberals under Mackenzie King were always able to bring the farmers and other groups "back into the Liberal fold", by accommodating their interests. Furthermore, labour leaders of the time were thrown into jail. The Winnipeg Strike was an example of this.

After the strike, most working class people went back to supporting the Liberals, depending on ethnicity. The brokerage parties (Liberal, Conservative) still appealed to regions and ethnicity. The depression of the 1930's saw the emergence of the Co-operative Commonwealth Federation (C.C.F.), which was a strong collaboration of teachers, farmers, academics, Methodist and Presbyterian and other working class individuals. The party had a hard time getting established due to the poor economic conditions, and had difficulty attracting unionized support. The hysterical anti-C.C.F. campaign led by big business branded the party "Commies", and new social measures brought in by King such as Unemployment Insurance and Family Allowances, did little to help the C.C.F. cause.

The C.C.F. reached its highest point in 1945, then went into decline for ten years. They joined forces with organized labour, and in 1961 became the New Democratic Party with Tommy Douglas as their leader. The N.D.P. immediately "toned" down its image to appeal to the middle class. The party assumed it would get support from the unions, it

didn't. This has been the greatest difficulty for the party, instead of the usual regional, cultural appeal which has been entrenched since Confederation.

The N.D.P. had suggested policy such as Medicare in Saskatchewan, the Liberals under Pearson used the idea, and eventually implemented it. This was extremely frustrating for a party trying to broaden their appeal. The Waffle movement in the 1970's, the left of the party, challenged the existing status quo of the party, causing disruption. Eventually the Waffles were kicked out of the party organization. By the late 1970's and early 80's the Canadian economy was in shambles, with high unemployment/inflation. The N.D.P. did not know which way to approach classes. They make special pitches to women, stood up against free trade, for the environment, for tax reform.

Although the N.D.P. has had moderate success in the provinces of British Columbia, Saskatchewan and Manitoba, it had never been successful at the federal level. It had been unthinkable until only recently that the N.D.P. would breakthrough in Ontario.

Some would argue that it would be preferable to have a class based political system for these reasons: First, with the exception of the working class, people vote according to class. Second, a class-based party system would provide ideological differences on election day. Last, the emphasis on a brokerage system, (ethnic, regional, religious) when unsuccessful, causes frictions within the political system, which in turn results in the emergence of regional factions or parties, i.e. the Reform Party of Alberta, the Parti Bloc Quebecois of Quebec, forwarding their provinces demands, and calls for sovereignty.

There are a number of reasons why there is a lack of class-consciousness when voting in Canada. People feel instinctly that their ethnicity, religion, region is more important than class. Society in not bad for the working class, there are many material goods to go around. Broker parties accommodate working class interests. The Liberal and conservatives have defined what is political; (ethnicity, region, religion). Class consciousness doesn't occur

spontaneously, it has to be developed by class based organizations. (i.e. unions, farmer's organizations.) They have to educate their members on class and voting. Last, people are satisfied with the status-quo, and they will not take a chance on a new or inexperienced party.

The mass party system of the N.D.P., which constantly is trying to attract new members, solely relies on its members for financial assistance, and is willing to let the "grass-roots" of the party develop party policy. It unrelenting openness and sincerity to the masses may have stuck an appealing accord to Ontario voters on September 6th. The people of Ontario Obviously felt the David Peterson's call for an election was unnecessary with two years to go in his mandate. With high taxes and a scandal on top of the government's head, the public felt disillusioned, and distanced from government. It was a grave political mistake of David Peterson, trying to grab a majority. The majority win of the N.D.P. with Bob Rae as leader, affirmed the public's frustration. The people were willing to give the "third" party a chance.

The "new" look in Ontario is a visually dramatic change for the public as far as faces are

concerned. Rae's cabinet includes eleven women out of seventeen elected. His willingness to work with big business, even though he has vowed to make them pay their fair share of tax, is encouraging. The environment, government run auto-insurance, the abolition of food banks and housing shortages are other commitments of the new government. The lack of experience of the new government scares many, but Rae is a very smart man who has great experience, and will surround himself with competent managers.

To be a successful and popular manager, Bob Rae must not indulge in brokerage party practices. It was his opposition to them that got him elected, it differentiates him from the brokerage parties. The public has to easily distinguish him from the other parties to stay in power. The N.D.P. as a third party have risen to new heights. They will not be able to implement policy as quick as first imagined, especially with a two billion dollar debt inherited by the Liberals. The process of consultation and co-operation will take time. Hopefully the public's trust in a new, so called "fairer", will have proven to be beneficial for all.

Chris Campbell (some text supplied by Rand Dyck)
President of P.S.A.L.U.

Dear Editor

I would like to respond to the two articles in your issue of October 4th, concerning the closing of the Canada Employment Centre

The information is correct; the University has been informed that federal funding to the Centre at Laurentian will cease in April 1991. Other universities have received the same news.

Let me assure you that there will be an Employment Centre at Laurentian. The University's first position will be to try to persuade Canada Employment to change its decision but, failing this, to delay the date of its closure or at least allow for a transition period. Already the University is providing secretarial assistance to the Centre in order to maintain the service provided to you, the students.

We are pleased to know the the concern of student about the placement service. The University is fully aware of it and is already taking measures to maintain and restore those services

Dr. Paddy Blenkinsop
Coordinator of Student Services

A SUMMER IN OTTAWA

1991 NSERC UNDERGRADUATE SUMMER RESEARCH SCHOLARSHIPS at the UNIVERSITY OF OTTAWA

For students who foresee a career in research, the Summer Research Scholarships will provide research experience with leading Canadian scientific investigators in one of the fields listed below.

The UNIVERSITY OF OTTAWA is Canada's oldest and largest bilingual university. The campus is within a 10-minute walk to Parliament Hill, the National Arts Centre, the National Gallery and the National Museums. Come and experience an enlightening and stimulating summer at the UNIVERSITY OF OTTAWA.

VALUE: \$1,200 (minimum) per month, plus Travel allowance.

DURATION: 3-4 months (May-August 1991)

HOUSING: Reasonable on-campus accommodation if you want.

REQUIREMENTS: — Must be Canadian or Permanent Resident.
— Must have excellent academic standing.
— Must be a full-time student at the undergraduate level.

(Priority will be given to 3rd-year students (2nd year in some programs in Québec)

PARTICIPATING DEPARTMENTS

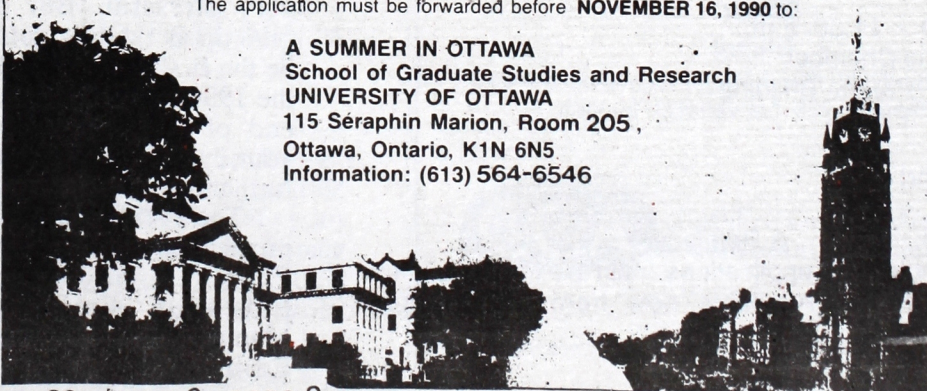
Biochemistry	Physical Geography
Biology	Geology
Chemistry	Kinanthropology
Computer Science	Mathematics
ENGINEERING	Microbiology
Chemical	Physics
Civil	Experimental Psychology
Electrical	Systems Science
Mechanical	

APPLICATION PROCEDURE:

1. Complete **PARTS 1 and 2 of NSERC FORM 202**, normally available at your campus.
2. Add a complete and recent university transcript.
3. Attach a brief description of your research interests.
4. Transmit all documents with a pre-addressed, pre-stamped envelope to your recommending professor who must complete **NSERC form 202 PART 3** and must forward your application to our office.

The application must be forwarded before **NOVEMBER 16, 1990** to:

A SUMMER IN OTTAWA
School of Graduate Studies and Research
UNIVERSITY OF OTTAWA
115 Séraphin Marion, Room 205,
Ottawa, Ontario, K1N 6N5
Information: (613) 564-6546



World Food Day Celebrations

Village International Sudbury (VIS), a non-profit, bilingual global education centre, would like to invite the media to participate in a "hunger meal" scheduled for Tuesday, October 16, at 11:00 a.m. at 435 Notre Dave Avenue in Sudbury.

Designed to commemorate World Food Day 1990, the meal will feature food staples from both the developed and the developing world and will depict both extremes of world nutrition.

Invitations to attend the meal have been sent to the mayor and various groups interested in global education in our community.

In addition to our "hunger meal", VIS' World

Food Day committee has planned several public activities before and on October 16th: Information and resources on food issues as well as various food staples are currently on display at the Sudbury Public Library.

Sunday, October 14th, Sudbury Theatre Centre, 10 a.m. to 4 p.m..

Presentations including a "supermarket tour" as well as videos in French and English, focusing on the causes and solutions to hunger. Also featured are the sale of Third World handi-crafts, a display of food staples from around the world, and the sale of ethnic foods.

On Tuesday, October 16th at 7:30, VIS will wind up its World Food Day agenda with a full-length feature film, "The Milagro Beanfield War" at 435 Notre Dame Avenue.

For more information please contact: Leo Therrien or Pope Tsambis 671-2648

Committee to Cross Canada Seeking Briefs on Women in Engineering Issues

The Canadian Committee on Women in Engineering will be holding public forums in Vancouver, Regina, Toronto, Montreal, and Halifax to give employers, educators, students and engineers an opportunity to present their views surrounding the low representation of women in engineering.

The decision to hold day-long forums in major centres in Canada was made following the committee's first public forum in Ottawa on Sept. 12. Thirteen briefs were presented by educators, researchers, industry representatives and students; almost 200 people attended.

The public forums will be held on Nov. 16 in Vancouver; January 29 in Montreal; Feb. 19 in Regina; March 6 in Toronto, and in early April in Halifax.

At its meeting on Sept. 13, the committee also decided to contract our research that will demonstrate the "best practices" universities and industries are implementing to attract, retain and advance the careers of women engineers," said Monique

Frize, chair of the 19-member committee.

"We hope the research results will give engineering schools and employers of engineers practical techniques and program ideas that will help them improve the environment for young women wishing to work as engineers."

"At a few universities in Canada, where concerted efforts are being made to reach into junior high and high schools, over 20 per cent of first-year students are female," Dr. Frize said. "One of the questions our committee wishes to pursue is: What are these schools doing that makes the difference?"

The committee also wants to find out what, if anything, employers of engineers are doing to ensure that female engineers have the same opportunities for career advancement as their male colleagues.

"One recent study of professional engineers in the 25-to-39 age group shows that 36 per cent of the males hold supervisory positions compared to only 18 per cent of females. We would like to discover why this is occurring."

The results of the

research will be presented at a national conference, Women in Engineering: More Than Just Numbers. To be held May 21 to 23 in Fredericton, N.B., the conference will focus on measures educational institutions and employers can take to attract and retain female engineers.

Individuals and groups wishing to participate in the committee's work may do so by contacting the Canadian Committee on Women in Engineering, c/o Faculty of Engineering, University of New Brunswick, Box 4400, Fredericton, N.B., E3B 5A3. Tel: (506) 453-4515, Fax: (506) 453-4516

For further information on the public forums, please contact Jeanne Inch at (506) 453-4515.

Pregnant and need help?

B You are not alone. BIRTHRIGHT offers a free pregnancy test, practical help, resource services, a confidential, no-cost shoulder to lean on. BIRTHRIGHT really cares. Call 673-200 or 1-800-328-LOVE



Interested in International Development?

CIDA Scholarships for Masters Level Studies Fifty Scholarships of up to \$25 000 Per Year

CIDA Representative on Campus for an Information Meeting.

Date: October 25, 1990

Time: 10:00 - 11:30 a.m.

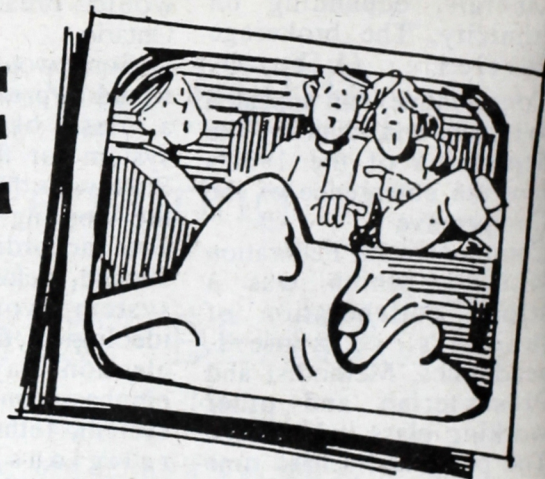
Place: Senate Chamber
R.D. Parker Building
11th Floor

Come and find out!

A Reminder

NSERC Scholarship applications must be in by Nov. 9th. Application Forms Available now from the Graduate Studies Office (L313)

DON'T LEAVE DICK FOR DEAD



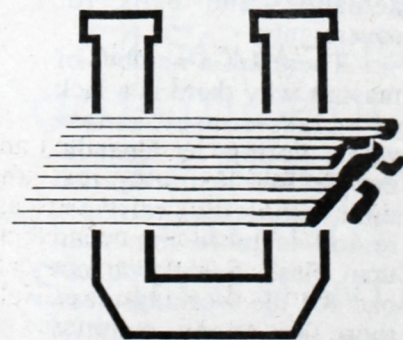
LEARN HOW TO SAVE A DRUNK FRIEND FROM CHOKING TO DEATH ON THEIR OWN VOMIT.

FIZZ EDDER REPORT

Well, these next two weeks are when all of the tests are dropped upon us, not to mention all of the assignments. It feels as though all the teachers have congregated together to make these next few weeks very stressful. But don't give up as there is going to be the first Phys-Ed Pub for the 1990-1991 year near the end of the month!! Keep your eyes and ears open for further details.

The PHED Council has purchased "The Ontario Physical and Health Education Employment Manual: University Student Edition, 1990-91." This

LAURENTIAN



HUMAN MOVEMENT

students with a clear overview into the many manual is designed to provide students in the fields of physical and health education and recreation

avenues for full or part time employment throughout Canada. It is also full of other key features for research, sport associations etc...If you wish to look at this manual through the year, it will be on a one night sign out basis in a couple of weeks from today.

Year reps are needed for the 1990-91 council. It's good experience for future involvement and it is a great way to meet your fellow students. If interested get in touch with one of the council members. Let's try to make this one super year for all PHED students.

Jodi Dolan and
Lynn Gallagher

L.U. Photo I.D

Wednesday, October 24

Thursday, October 25

Monday, October 29

Tuesday, October 30

6:00 p.m. to 8:00 p.m.

Link ares outside the main entrance to the Library
(Up the stairs by Tim Horton's)

Photo: \$5.00 each

Renewal: \$2.00 each available in L1025 (Director of Services)

* Following the above dates:

As of November 1, Photo I.D. can be purchased every Wednesday
from 1:00p.m. to 4:00p.m. at G-6 Student Street until further
notice.

Canada Employment Centre on Campus Maintain the Facility at all costs

Laurentian Off-Campus Students (LOCS) have been working since club day on a petition to keep the employment centre on campus open. On Thursday October 11, LOCS presented a petition with 575 signatures to the office of the president of Laurentian. We asked that Dr. Bélanger present the petition to both the Board of Governors and the Senate of the University. The petition stated that the employment centre plays a vital role in the university and that the university should do everything in it's power to keep the office open. We stated that the university should use the petition and all of the other letters they have received to take to the government to attempt to keep the office open. If the university fails to get funding from the federal government, we hope they will fund the office on their own.

Paul B. Hutchison
President

NEW OFFICAL EXEC:
Pres: Paul B. Hutchison
Vice: Chris Robson
Sect: Simon Chapelle
Special Events:
Erin Montgomery
Liaison: Leslie Ayres

ATTENTION SOCIAL WORK STUDENTS

The Social Work Student Council would like to invite all Social Work Students from years 1-4 to a Wine and Cheese. This event will be held in the Student Lounge at the University of Sudbury Residence on Oct. 25th between 5:00 p.m. and 7:00p.m. Come out and make new friends!

We are now accepting copy for next week's issue: In celebration of Halloween, next week's paper will deal with the history of Halloween, scary stories, satanism, witchcraft, etc... So; send you stuff. All copy **must** be submitted on or before Friday 12 noon.

SPAY/NEUTER AWARENESS

"Millions of unwanted and homeless puppies and kittens, dogs and cats are put to death in pounds and shelters, no matter how cute and cuddly they are. Help reduce the numbers by spaying and neutering your pets."

For more information contact the Animal Defence League of Canada, P.O. Box 3880, Stn. c, Ottawa, Ontario, K1Y 4M5

TO ALL MEMBERS OF SENATE OF LAURENTIAN UNIVERSITY

You are hereby notified that the **Third Regular Meeting of Senate (1990-1991)** will take place on Thursday, October 18, 1990, at 2:00 p.m. in the Senate Chamber.

A TOUS LES MEMBRES DU SENAT DE L'UNIVERSITE LAURENTIENNE

Le soussigné vous convoque par la présente à la **troisième séance régulière du Sénat (1990-1991)**, qui aura lieu le jeudi 18 octobre 1990 à 14h00 dans la salle du Sénat.

The Status of Women Committee on campus will be holding it's Annual Fall Reception Wednesday, October 24th from 12-1:30 in Conference Room B. "refreshments will be served" (Everyone is welcome to attend and student attendance would be greatly appreciated.

SGA ANNOUNCEMENT

TO ALL STUDENTS PURSUING APPEALS:

Please contact the S.G.A. office as soon as possible with the details of your situation so that the Senate representative can best represent you at your appeal.

Environmentally Safe Hair ?

It's nice to see businesses caring about the harm we do to our Earth, and they are actually doing something to help end the destruction.

Richard Charles Hair Design is one of those caring businesses. They use Sebastian® hair care products. Sebastian® has a special promotion, "Protect the Planet, Protect the Species," in which selected products are sold in a recycled paper bag. 7-10% of the pre-tax profits are donated to the Rainforest Foundation.

So hop on down to Richard Charles Hair Design and save the environment and look good. The staff of Darryl, Peggy, and new arrival Donna will offer you the finest of care with special deals for Laurentian students. So watch upcoming issues of Lambda for all these great money-savers!

50% OFF!!

Richard Charles Hair Design
**Book Your appointment
with Donna the week of
October 22-27**

522-4050, 431 *Linda St.* (beside Gloria's mall)

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In addition to our unique modular program, CGA is the only professional accounting body that provides you with valuable hands-on computer use throughout your studies.



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If you're looking for a career with infinite possibilities contact us today at 1-800-668-1454.



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WHAT IS AIDS ?

AIDS (Acquired Immune Deficiency Syndrome) is a virus that, by attacking the immune system, affects the body's natural ability to fight disease. A normal immune system, like a well organized army, rallies its forces to combat invasion by foreign agents. AIDS weakens these defenses and the body becomes vulnerable to unusual and serious illnesses.

Although the way AIDS is transmitted from one person to another is still being studied, it is believed that it is spread through the most intimate forms of human contact: sexual intercourse, and the sharing of contaminated blood, bodily fluids, or needles. Shaking hands with, or touching, and AIDS patient will not spread the disease, nor will working with, or eating food prepared by a person with AIDS.

Cases of AIDS have been reported in 85 countries, though the World Health Organization suspects that the disease has actually struck as many as 100 nations. WHO officials estimate that between 5 and 10 million people around the world now carry the AIDS virus, and that as many as 100 million will become infected over the next ten years.

Currently, this epidemic is concentrated among certain high-risk groups: homosexual and bisexual men, and intravenous drug users. The proportion of heterosexual cases, however, is increasing at an alarming rate. Protecting those who have not yet



become affected has a high priority in the medical profession. Most physicians and government health officials agree that the best method, barring abstinence, is the use of a condom during sexual intercourse.

CAN CONDOMS PREVENT AIDS ?

Sexually-transmitted diseases, most notably AIDS, are posing threats not only to the quality of life, but to life itself. While there is no pill you can swallow to keep you safe from AIDS or from any other sexually-transmitted diseases, the condom is effective in helping to keep the dangers associated with sex at bay. The U.S. Surgeon General recently stated the, "The best protection against infection now, barring abstinence, is use of a condom."

WHAT ABOUT OTHER SEXUALLY TRANSMITTED DISEASES (STD'S) ?

All the public discussion of AIDS has focused attention away from another category of diseases which, though not fatal, can cause significant problems requiring medical attention. Sexually-transmitted diseases (STD's) such as syphilis, gonorrhea, chlamydia and hepatitis, are transmitted primarily by sexual contact (although skin to skin contact can also cause transference in some cases). The use of a condom reduces the risk of transmitting these diseases

as well. We recommend thorough washing of the hands and sexual organs of both partners with soap and water after intercourse.

Genital herpes is one of the most frequently contracted and transmitted STD's, and one of the most difficult to treat. Partners are at risk even when there are no apparent symptoms of the infection. Therefore, the emphasis turns to the prevention of herpes. While there is no known way of preventing herpes in every exposure to the virus, many public health authorities and private physicians often recommend the use of a condom, especially if there is a history of recurrent genital infection. It should also be remembered that herpes can be transmitted through means other than sexual contact. Properly used, the condom may aid in helping to reduce the risk of spreading herpes of the penis, cervix, and vagina.

HOW DO YOU PROPERLY USE A CONDOM ?

1. Place the condom on the erect penis, prior to any foreplay, genital contact, or penetration. Do not allow rings or jewelry near the condom as they could cause holes or tearing, thus defeating the condom's purpose.
2. Pull the condom over the head of the penis. Leave about 1/2" space at the end. (Some condoms have a small receptacle at the end which provided the required space). Squeeze the end of the condom slightly to release air and avoid an air pocket.
3. Slowly unroll condom until the entire penis has been covered.
4. After climax, promptly withdraw the penis before losing erection. Grasp open end of condom tightly to prevent the escape of semen and to avoid having it slip off.
5. To further reduce chance of a sexually-transmitted diseases, immediately wash the penis and the surrounding area.
6. Do not use petroleum-based products, cold cream, or any other oil-based products with latex(rubber) condoms. If additional lubrication is required, use a proper lubricant such as H-R Lubricating Jelly.
7. In the unlikely event of a condom breaking during intercourse, withdraw immediately without ejaculating. If ejaculation has occurred, consult your doctor as soon as possible for protection against conception and infection.

BEHAVIOURS

Sexual Activity

- Of those surveyed, 35% of men and 15% of women had sex with two or more partners in the past five years.

- Among the Canadians who had had more than two sexual partners in the past five years, 40% of women and 55% of men changed their behaviour to avoid AIDS or HIV infection: of these men and women 60% used condoms, 70% reduced their number of sexual partners, and 90% were more cautious about choosing sexual partners.

Alcohol and Drug Use

HIV infection is related to the sharing of needles, syringes and other paraphernalia which has been contaminated by the infected blood of another user. In addition, alcohol and drug use are factors that can contribute to the risk of HIV transmission because they impair judgement needed to practice "safer sex" precautions. Furthermore, alcohol and other drug use has been shown to suppress the immune system, weakening the body's ability to fight disease.

- 16 of the 1 253 respondents reported they had shared a needle with someone else, projecting this to the Canadian population an estimated 250 000 people in Canada who have shared a needle.

- Between 1985 and 1986, Canadians drank 205 425 200 litres of absolute alcohol (for example, beer is 5% absolute alcohol by volume), averaging 10.7 litres per person or 11.6 drinks per person per week, aged 15 years and over.

- In 1986, there were 10 778 cases of illicit narcotic use in Canada among those 20 years of age and over.

Sexually Transmitted Diseases

The presence of STDs, such as chlamydia and herpes, has been shown to increase the risk of acquiring HIV infection in the event of exposure to the virus.

- In 1986, there were 37 489 reported cases of STDs, accounting for 27.6% of all notifiable diseases in Canada. These figures demonstrate a 14% decrease in STDs over 1985 and a 39.5% decrease since 1981.

- In 1986, there were 9735 reported cases of chlamydia in Canada. This figure is up 23% from 1985.

- In 1986, there were 14000 reported cases of herpes in Canada. This figure is down 4% from 1985.

- In 1986, there were 2 199 reported cases of syphilis in Canada. This figure is down 16% from 1985.

- In 1986, there were 35290 reported cases of gonorrhea in Canada. This figure is down 13% from 1985.

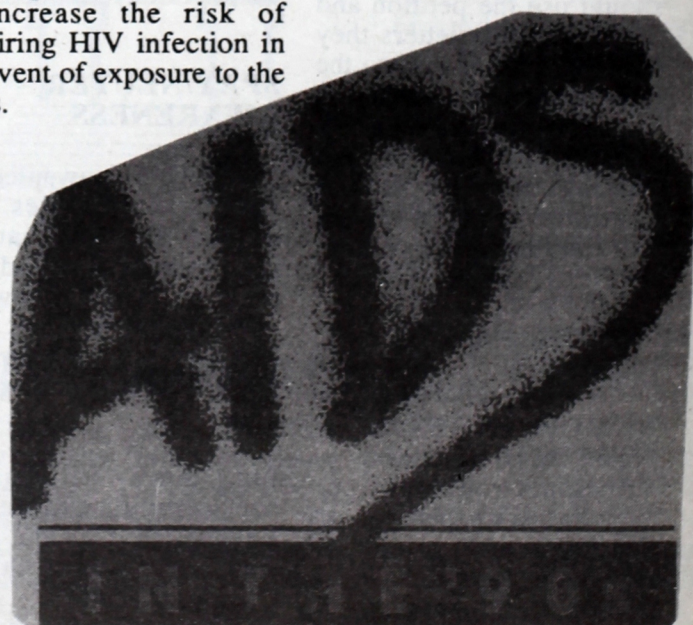
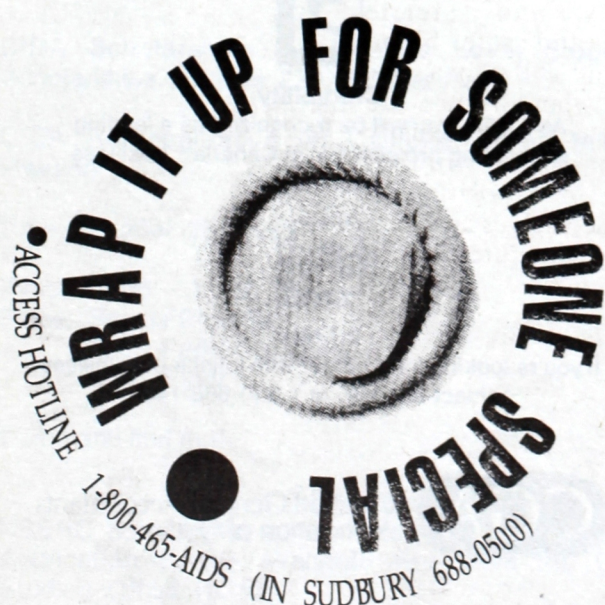
- Cases of herpes, chlamydia, and gonorrhea were reported most often among the 20-24 years old age group whereas infectious syphilis was reported most often among the 19-30 year old age group.

- The overall rates of certain STDs showed a sharp drop in 1986, however in women there were fewer decreases among these reported STDs.

- Women tend to suffer long-term complications from STDs, resulting from undetected and untreated chlamydia or gonococcal infections. Tubal scarring may result in partial blockage causing ectopic pregnancy. Gonorrhea and chlamydia are strongly associated with Pelvic Inflammatory Disease.

- The incidence of ectopic pregnancy has more than doubled between 1971 and 1983. Between April 1983 and April 1984, there were 5 287 reported cases.

- Between April 1983 and April 1984, there were 18452 women hospitalized for Pelvic Inflammatory Disease.





Special Feature Issues Involving Women, Children, and AIDS Primarily in the Developed World

Catherine A. Hankins

More than 25,000 cases of AIDS in women have been reported from 70 countries. These cases represent only 3.2% of the total reported number of adults with AIDS in Australia, 5.6% in Canada, 10.8% in the United States, 11.9% in Europe and 52% in Uganda. The concordance of notified AIDS cases to actual cases of AIDS ranges from an estimated 90% in many western countries to only a fraction of the cases seen in many countries of Sub-Saharan Africa. The epidemiological structure of AIDS in women varies from country to country and between different groups of women within countries. In the United States, the cumulated incidence of AIDS is 13.6 times higher for black women and 10.2 times higher for Hispanic women than it is for white women. Fifty-five percent of European women and 52% of American women with AIDS have used injection drugs. In contrast, 61% of Canadian women with AIDS acquired HIV infection through heterosexual contact. Male-to-female ratios reflect the importance of heterosexual transmission within countries or geographic regions. For Europe, this ratio is 7.7 to 1 in the Latin Caribbean 3 to 1, and in South America, the ratio is 10 to 1, as it is in North America. However, several disquieting changes are taking place in both North and South America. HIV seroprevalence studies of civilian applicants for United States military service and of active-duty soldiers indicate an estimated rate of 1.5 to 1.000, with a male-to-female ratio of 3:1 to 4:1. Even more striking are the reports of incident cases of HIV seropositivity in American military recruits, revealing a male-to-female ratio of 1.77 to 1. Among

Job Corps applicants in the United States, seroprevalence rates are more than five times higher than for military recruits at 8.65 per 1,000. In New York City, AIDS is now the leading cause of death among women aged 25 to 34 years.

Globally, heterosexual transmission is the predominant mode of transmission of HIV for women. It is essential, however, not to minimize either the importance of borrowing and lending of injection equipment in industrialized countries or the effect of unsafe blood transfusions and the use of inadequately sterilized injection equipment in less-developed countries. In Africa, women have a higher risk than do men of being hospitalized and of receiving treatments involving injections and blood transfusions. Complications associated with pregnancy such as prepartum and intrapartum hemorrhage are superimposed on chronic anemia secondary to malaria and malnutrition. The transmission of HIV through blood and blood products and through medical and nonmedical injections will remain a highly preventable reality for women as long as the safety of the global blood supply of sterile needles and syringes for both licit and illicit use is not a fat of life in all countries.

Prevention of HIV Transmission

The prevention of sexual transmission of HIV to women is hampered by difficulties in establishing a relevant conceptual framework linked in part to reticence on the part of decision-makers to examine seriously the conditions that foster HIV transmission to women. Standard models of intervention with many

SEXUALLY TRANSMITTED DISEASES AND THE USE OF CONDOMS

There has been a great deal of discussion and media attention lately regarding sexually-transmitted diseases, 'safe sex', and the condom. While this article cannot possibly answer all of your questions, it does attempt to offer a brief, balanced, and accurate statement of some of the issues in these areas.

WHAT IS A CONDOM?

The idea that the penis should be covered to protect against sexually-transmitted diseases (STD'S) is

believed to be 2,000 years old.

The Romans are known to have used animal bladders as sheaths. The Japanese preferred red leather, while the Chinese favoured silk paper soaked with oil.

The origin of the word 'condom' has been traced to the 16th century and is attributed to a physician in the Court of Charles II by the name of Dr. Condom. Commercially manufactured condoms were available in England in the late 1700's when animal gut was used. By the 1920's, stretchable rubber came into widespread use, followed by latex in the 1930's. These developments helped to make condoms more

reliable and economical.

After the Second World War, lubricants were added to make the condom easier to slide over the penis. Ribbed condoms were also devised to increase pleasure during intercourse. All of the condoms available today are made either of natural latex rubber or specially processed natural membrane material. Because the use of a condom helps reduce the risk of spreading many sexually-transmitted diseases and helps prevent unwanted pregnancy, couples using the condom should be more relaxed, and sexual satisfaction may be more easily obtained.

WHAT ELSE DO I NEED TO KNOW ABOUT CONDOMS?

While no condom can guarantee 100% effectiveness, condoms can greatly reduce the risk of spreading sexually-transmitted diseases when properly used. Be cautious with condoms without a brand name that sounds familiar to you, for they may be of inferior quality. The most reliable condoms are manufactured under modern carefully-controlled processes. Brand name condoms such as Trojan Brand Latex Condoms are individually, electronically tested; don't try to test one yourself before use, as you may very likely damage it. We recommend that you buy only individually-wrapped condoms. And finally, we should point out that condoms are designed to be used only once, and only for vaginal intercourse, since other uses can increase the potential for breakage.

Avoid prolonged storage of condoms at temperatures in excess of 37 degrees Celsius (100 degrees F), and do not store them near a hot radiator or air duct. Above all, do not keep a condom in that legendary storage facility, the wallet. The heat and pressure there can ruin a condom in a very short time.

parents emotionally and physically incapable of taking care of their sick child. These parents are perceived negatively as being disorganized and difficult to reach on a cultural level. In reality, often they are overwhelmed, lost in the complexity and the social and medical costs associated with the care of their child. They may suffer profoundly from guilt feelings, believing that they are solely responsible for their child's illness and from feelings of helplessness, incapable of understanding or conforming to the requirements of complex medical treatment. These are the parents who relinquish their child to AIDS specialists.

When the parents are asymptomatic carriers of the virus, the sick infant is sometimes the first indication of the existence of HIV in the family. In other instances, the parents are sick or dying. AIDS is known in some African countries as the "grandmothers disease." Industrialized countries are increasingly relying on extended families to help infected young adults and their children. However, public financial assistance in many countries is refused if the care-giving family is the extended family. Furthermore, to come full circle, this volunteer work is nearly always assumed by women as traditional care-givers. If this work is truly valuable, it should be supported financially if it is not shared equally by both men and women.

In conclusion, poor women, marginalized women, and women of color all are at higher risk. The adolescent girl is increasingly susceptible to encountering HIV as she explores her own sexuality. Worldwide, women are having to deal with the impact of AIDS on the role that sex, sexuality, and

childbearing will play in their lives. However, this is happening within a social context where women in general are not equal partners. Until they are economically equal, with pay equity and an equitable redistribution of care-giving responsibilities whether for the sick, the elderly, for children, or for the dependent, women will not be in a position fully to protect themselves from HIV infection. Until there is universal comprehensive maternity care including both health education and family planning services, the number of cases of pediatric AIDS related to vertical transmission will continue to increase.

The issues of HIV infection and AIDS relating to women and to children cannot be viewed in isolation. The rapid implementation of culturally appropriate but explicit prevention campaigns is critical. However, unless there is a political will to tackle the social, economic, and environmental conditions that impede the initiation and maintenance of behavior change by both sexes, few gains will be made on this virus. Community-based economic development, literacy campaigns, provision of condoms and sterile needles, and safe blood supplies all will play a role, by only when women are equal partners both sexually and economically will they truly be in a position to protect themselves and their sons and daughters from HIV infection.



FACTS ABOUT PARENTS AND FAMILIES REGARDING AIDS

INTRODUCTION

Acquired Immunodeficiency Syndrome (AIDS) is placing new and challenging demands on the relationship between youth and their parents. Research has established that adolescents tend to choose values and expectations that are similar to those of their parents. Recent studies have shown that parents play an important role in the serious decisions that their teenagers make. Specifically, teens who communicate openly about sexual issues with their parents tend to postpone their first sexual experience and use contraception more effectively when they do decide to become sexually active.

AIDS is affecting all sectors of society in Canada including youth. Many public health officials believe that teenagers, because of their experimentation with sex, alcohol and drugs, are at an increasingly high risk of becoming infected with the Human Immunodeficiency Virus (HIV) that causes AIDS.

As of September 4, 1990, 20% of people with AIDS in Canada were between the ages of 20 and 29. Since people who are infected with the virus may not develop AIDS for 10 years or more, many of the people with AIDS in the 20 to 29 age group were probably infected as teenagers.

Parents' Knowledge of AIDS and HIV Infection

Approximately one third of all parents do not have sufficient knowledge about AIDS to teach their children about the disease and how to avoid HIV infection. For example, 1 in 12 adult Canadians cannot give a simple description of the disease, and many Canadians have serious misconceptions about the modes of transmission of the virus.

Canadians' Attitudes About AIDS and HIV Infection

82% of Canadian adults think that parents should have the major responsibility for educating their children about AIDS.

97% of adult Canadians support AIDS education in schools to inform students about the ways HIV is transmitted and how to avoid becoming

infected, and 74% of Canadian adults feel that AIDS education should begin when children are 12 years old or younger. Only 4% think that AIDS education should begin after the age of 14.

Approximately 60% of adult Canadians support the distribution of condoms to students in high schools.

Youth's Views Toward Family, Family Life, And Adults

62% of Canadian youth between the ages of 15 and 24 view the family as a very important aspect of their lives particularly females and youth aged 20-24 years old.

85% of youth place great value on their parents' opinion of them.

Mothers are a source of influence in the lives of 70% of Canadian young people, 66% view their father as a source of influence, whereas friends influence only 59%.

When seeking moral guidance, 36% of young people would turn to their mother, 30% their friends and 23% their father.

Dating is not a major source of conflict among Canadian youth and their parents.

77% of youth between the ages of 13 and 17 report a happy home life.

77% of young people feel that their parents trust them.

56% of young people would turn to their parents for advice on serious matters.

28% of youth have frequent arguments with their parents.

69% of youth believe that when their parents are strict, they are being so for their own good.

36% said that they would raise their children differently from the way they were raised.

Almost one half of young people admit that there are times when they would like to leave home. However, only 8% of young people actually leave home because of conflicts with their parents.

Youth's Sources of Information on AIDS, STDs and Sex

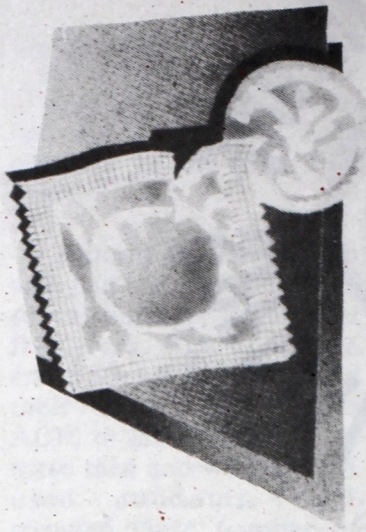
Young people learn about AIDS primarily from television, about Sexually Transmitted Diseases

(STDs) and birth control from school, and about sex from a family member.

Youth prefer to get their information about AIDS and other STDs from a doctor or a nurse and information about birth control and sex from a family member.

Family members tended to be less frequently cited by college and university respondents as a main source of information about AIDS, STDs, birth control, and sex: nevertheless, for these older respondents, parents were strongly preferred sources of information about sex and birth control.

Youth did not believe their parents knew very much about AIDS.



FACTS ABOUT AIDS AND ADULTS

Acquired Immunodeficiency syndrome (AIDS) is affecting all sectors of society in Canada, especially adults. Adults engaging in injection drug use and sexual intercourse with multiple partners are at increasingly high risk of becoming infected with the Human Immunodeficiency virus (HIV) that causes (AIDS).

Facts about AIDS and HIV infection.

- As of September 4, 1990, 4 427 cases of Aids have been reported in Canada.

- It is estimated that the number of Canadians currently infected with HIV, the virus that causes AIDS, could be as high as 50 000.

- Predictions state that by 1993, the cumulative number of AIDS cases in Canada will total just under 13 000 cases.

AIDS and Adults

- As of September 4, 1990, 4 356 cases of AIDS among those 20 years of age and over were reported in Canada.

- AIDS is most prevalent among those 30 to 39 years of age. These people account for 44% of the total AIDS cases in Canada.

- Within the 30-39 age group, 96% are males, and 4% are females.

Knowledge

- According to a recent survey on AIDS and Canadian adults, virtually all Canadian adults have heard of AIDS. However, 1 in 12 could not give even a simple description of the disease.

- 63% of Canadian adults identified sexual intercourse as the most common way of becoming infected with HIV.

- Using condoms, not having intercourse, and practicing long-term monogamy were correctly identified as effective means of prevention by 90% of the respondents.

- Generally, younger adults and more highly educated adults are better informed about AIDS.

- The study found that there are several fundamental misunderstandings among adults about AIDS and HIV infection:

- 26% said that a person can become HIV infected by donating blood. Another 5% were not sure.

- 9% of Canadian adults thought that a person could become infected with HIV by eating food prepared by someone who is infected with HIV. Another 12% were not sure.

- 11% of Canadian adults thought that AIDS was a curable disease if treated early, and 18% were not sure.

- 24% did not know that HIV can be passed on to someone else even though the infected person has no signs or symptoms of the illness.

- Using a diaphragm and washing one's genitals after sex were rated as "very" or "somewhat effective" methods of preventing the transmission of HIV by 15% of the sample.

ATTITUDES

- According to the survey, Canadian adults are relatively supportive of policies that protect the rights of HIV infected individuals.

- 69% of adults would allow their child to attend school if it was known that the child's teacher was infected with HIV, and 74% would allow their child to attend school if a classmate was HIV infected.

- 61% of the adults were opposed to an employer's rights to require job applicants to be tested for HIV infection.

- 68% of the adults were in favour of anonymous testing for HIV.

- 97% of Canadian adults said that they supported AIDS education in schools and 75% said the programs should begin when children are 12 years of age or younger.

- 32% of Canadian adults choose to seek information about AIDS from a physician, 11% from a health clinic, 8% from books and journals, and 7% from pamphlets.



AIDS/HIV education, Canadians responded:

- 82.0% parents
- 75.5% health clinics
- 74.7% clinics for sexually transmitted diseases
- 70.7% federal government
- 66.4% Provincial government
- 64.5% Canadian Public Health Association
- 59.1% Public health departments
- 58.0% AIDS community organizations



WOMEN AND AIDS Sex in the Age of AIDS - What are our choice?

Not all of us are sexually active. Some choose to avoid sex. Others would like to have a sex life, but don't. Many of us do have sex, but wonder whether to be worried about sexually transmitted diseases (STD's).

In the Age of AIDS, all of us have decisions to make.

Let's talk about some decisions and solutions that can work and feel right for us and our partners.

How can you get HIV?

Anyone can become infected with the Human Immunodeficiency Virus (HIV) that can cause AIDS. The virus doesn't care about age, sex or race... neither yours, nor your partner's.

HIV is passed directly from one person to another via blood, semen, or vaginal fluids. There are three ways you can get it. You can have sex with an infected person; you can use needles or 'works' with someone who has the virus; or you can be born to a mother who has it.

You risk HIV infection if you have vaginal sex without a condom. You place yourself at even greater risk if you have anal sex without a condom. Anal tissues tear easily, allowing the virus to enter your bloodstream. Oral sex, however, is less risky than unprotected vaginal or anal intercourse, but some people have become infected with HIV in this way.

During your period, you may be more likely to get infected by the virus or to transmit it to others. Douching may lower your resistance to infection, because it upsets the natural protection in the vagina.

Woman-to-woman transmission is considered to be low risk. However, women who in the past have had or who now have male partners, have used injection drugs, have had sex to become pregnant or have had artificial insemination with unscreened semen or donor, may have become infected with HIV, which can make it risky to have contact with blood or vaginal secretions.

If you shoot drugs, you can become infected if you use a needle, syringe, cooker, or other 'works' with a person who has the virus.

Every time you have unprotected vaginal or anal sex, or use someone else's needles or 'works', you are putting yourself at risk.

An infected mother stands a one in three chance of giving the virus to her baby either during pregnancy, at birth, or in rare cases, through breast feeding.

At one time, it was possible to get HIV from blood transfusions. Since October, 1985, when screening of blood became routine in Canada, this method of transmission has been practically eliminated. An infected donated organ, or artificial insemination with infected sperm, could lead to HIV infection.

The most common way for women in Canada to become infected is through sexual activity.

What about testing?

The HIV antibody test (the AIDS test) does not detect the virus. Antibody tests measure antibodies in your blood which you make to fight disease.

A 'positive' anti-HIV test result indicates that you have antibodies to HIV, and therefore have been infected by the virus. This means you are sero-positive, a carrier of HIV and are capable of giving the virus to others. It does not mean that you have AIDS.

A 'negative' anti-HIV test result indicates that no HIV antibodies have been found. However, it can take three months or more from the time of infection to develop antibodies. For this reason, a test done less than three months after you have had unprotected sex or shared needles may not be valid.

Can you tell if your partner is infected?

A person carrying HIV does not look any different. Most people who have an STD, including HIV, have no symptoms.

The past of your sex partners - even ten years in the past - may be a risk for you now. A direct question does not guarantee a true answer. Most people infected with HIV do not know it themselves. And even if they think they may have been at risk, they may not be comfortable talking about it.

If you have been separated from your partner and then get back together, don't assume that either of you are still at low risk.

What choices do you have?

Because you can't be sure about who has HIV and who doesn't, many women are deciding to protect themselves at all times and with all partners.

The pill and other methods of birth control will not help to protect you from STD's and AIDS. Only a condom can.

You can decide always to use condoms and to practice protected vaginal and anal sex. If you choose to have non-protected oral sex, which is less risky, you can try to avoid getting semen or vaginal fluid in your mouth.

You can choose not to have any penetration at all and can find pleasure instead in massage, hugging, petting, mutual masturbation and erotic fantasizing.

You have to decide what level of risk and what sexual activities are right for you.

If you choose to shoot drugs, don't borrow or loan needles or other equipment. Clean your works twice with bleach and rinse them well with water. Using someone else's needles puts both you and those you share with at risk. Have your own works, and don't loan them.

If you are planning on having a baby, you and your partner may wish to consider having the test before pregnancy if you feel it may influence your decision to get pregnant. If your partner is infected with HIV and you are not, you might become infected. Or, perhaps you already have the virus. In either case, you may infect your unborn baby. You may decide to

wait and have the test once you are already pregnant. But it can be more difficult to make decisions at this stage.

Living with your choices

Making personal choices and sticking by them can be difficult. Things may not always work out the way you'd like them to. Your partner may not know about STDs and AIDS. He or she may be unaware of the need for safer sex, and may not be ready to respect your choices about what you want sexually.

The truth is that women are more likely to use condoms on the first night than after a few weeks into the relationship. Somehow, as you get to know your partner better, you think that the risk of infection is less. And yet, nothing has changed since that first night as far as risk goes.

Buy your own condoms and learn how to use them. Talk to your friends. Think about ways in which you might raise the subject of condoms with a partner. Figure out what you would say to partner who was giving you a hard time.

Alcohol and drugs can make it harder to think and act clearly. They can lead to situations that you may not be able to handle. They can put you at risk for HIV infection.

Talking with your partner

Many women don't want to risk losing a partner by insisting on the use of a condom or on a change in sexual behavior. And some women always let the man so as he pleases. If you can tell him what you want and he listens to you, then you are at a big advantage.

Staying in control of your own situation may be easier or harder for you than for other women. Whether you are 14 or 64 years old, you may find yourself talking about condoms with your lover for the first time. It can be a difficult moment. Funny, or embarrassing. It can bring you closer together, or it can split you apart.

If your partner doesn't care or doesn't want to use a

condom, then think twice about it. Your feelings are valid.

If talks gets nowhere and you need with anger, laughter or rejection, you are not in an easy situation. You can emphasize that you care about both his health and yours, and perhaps he will understand. Perhaps not. Maybe you will decide to had sex with this man on his terms.

You can say NO, and unless it's 'safer sex'. You can 'play safe' or 'play it safe', by using condoms or by avoiding penetration. Maybe you will decide to leave the relationship.

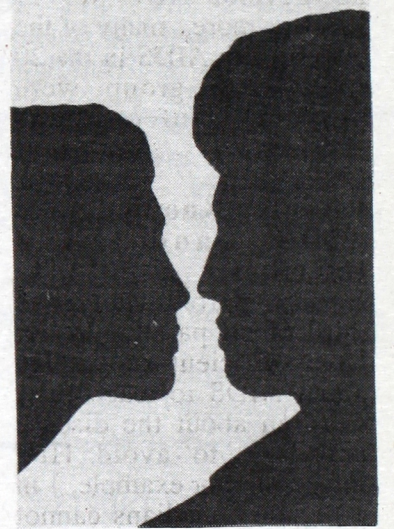
It's worth it...You're worth it.

Living with the reality of Aids is a challenge to us all. Think about it. Talk with friends. Get more information.

There are no second chances with HIV. Is protecting yourself so difficult? It's worth it.

For more information on STDs and AIDS call;

- Your nurse or doctor
 - Your local Aids community group
 - Your public health department or community health clinic
 - The Federal Centre for AIDS
- 301 Elgin Street
Ottawa, Ontario
K1A 0L3



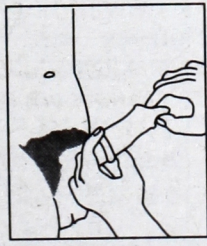
Condoms Help Protect You and Your Partner from STD and Aids



- Buy lubricated condoms.
- Check the [] on the box.
- Open the condom package [] to avoid tearing.



- Either partner can put the condom on the penis []
- [] from the tip of the condom to leave space for the semen. Air left in the condom tip will cause it to burst.



- Unroll the condom right down to the base of the penis.
- *Heat and friction can damage condoms. Keep them in a purse or jacket pocket.



- Avoid Vaseline and oil-based products. Use a [] such as K-Y jelly or Lubrax to prevent the condom from deteriorating. For additional protection use a [] containing nonoxonyl 9 such as Delfen or Emko.



- After the man comes, pull out the penis while it is still hard, holding firmly the base of the condom.
- Remove the condom, being careful not to spill semen.
- Throw it away into the garbage.
- Use condoms only []

AIDS
IS PREVENTABLE
Protect Yourself

THE BIBLE: Antiquated?
Myth? Irrelevant?

The Laurentian University chapter of the Navigators of Canada will be meeting Friday nights in

the Faculty Lounge (beside the Great Hall) from 7:30-9:30 pm.

JOIN US if your interested in:

-thought provoking questions
-open discussion
-how to find your own answers
-and more!

Each discussion will focus on a section of the Bible. ALL ARE WELCOME!
For more information call Don at 983-4261.



ENTERTAINMENT

SPEAKING OF ART

The Laurentian University Museum and Art Centre will present a series of four lectures titled Speaking of Art. The Series will feature some of Canada's leading art professionals.

Education Officer, David Wistrow, from the Art Gallery of Ontario heads up the series with a talk on **Fakes and Forgeries** Wednesday, November 7, 1990. All lectures will be held at the Art Centre, on John St. starting at 7 p.m.

December 5, Speaking of Art will continue with **Looking at Art - Art Gallery Education**. Sheila Greenspan, Director of Education Services at the Art Gallery of Ontario, will lead the discussion. The new year will feature **Investing in Art**, with attorney and author, Ella M. Agnew on Wednesday, January 16. In February, Director of the McMichael Canadian Art Collection, Barbara Tyler, will present **Collections - From Private to Public**.

Series tickets are \$55 for LUMAC members and \$70 for non-members. Single lectures are \$15 for members and \$20 for non-members. Refreshments will be served.

Tickets are available at the Art Centre on John St. For more information contact 675-1151, extension 1400.

For more information contact:
Olivia Nixon
Development Officer

Love and the Heroic Couplet (to T.K. with apologies)

For you I put my pen to paper
Cajoling spirits to join us here

And simply state with inspiration
The joy you bring into my sphere.

I'm trying static and iabic
Although it galls me to me roots

Our of respect for Pope and Barrett
I'll use my feet to pick this fruit.

Now toes are thick and clumsy servants
No match for fingers, deft and quick;

We'll muck through sloughs and e'en caesuras...
To beat in rythme a certain jist.

I thought about your feet today,
Your eyes, your mouth, your hair and such

And every time this fancy reached me
My cheeks emblazed a happy blush.

(you see it isn't working well
The spirit's gone, th'emotion's queer

At being strained into quart

M. Baker

Dear Jillian

Hey guys, It's been good to hear from you, but I'm starting to get low on letters. **Let's hear from you.**

Dear Jillian,

I recently had a large argument with someone that I had known for quite a number of months. I know that some pretty nasty words were thrown towards this person during the argument, but I don't know how to say I am sorry. I know that I completely blew the friendship we once had but I would really like to know how I could apologize to this person, in order to remain friends.

Sorry!

Dear Sorry,

It sounds like you had a very close relationship with this person. It is going to be very hard to maintain a friendship. Put some space between the two of you. If you go to her, trying to apologize now you will probably just end up fighting again. Give her some time to start rebuilding.

her own life without you. After a while try writing her a letter saying some of the things you said to me. That you want to remain friends and that you are really are sorry. There really isn't a trick to apologizing I'm sorry is a good way to start.

Dear Jillian,

Well, it happened... we kissed! What do I do now?

Help

Dear Help,

There is nothing to do now except enjoy yourself. Let yourself get to know him and let him get to know you. It sound, like you've really got something good here. Good luck!

Dear Jillian,

I don't get to see my friend much anymore because we have different classes and work steady. I really miss her 'cause she's so cool. How she has a boyfriend and she never lets me come over and watch movies because her boyfriend is there. I want her to come to the Coulson,

this weekend with me but, I don't know if she has the time.

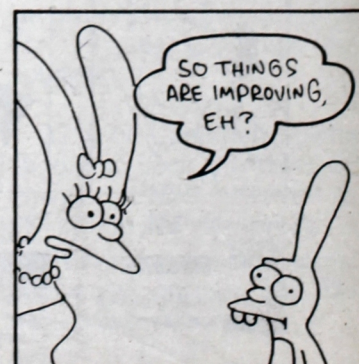
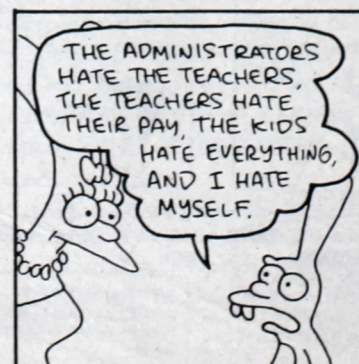
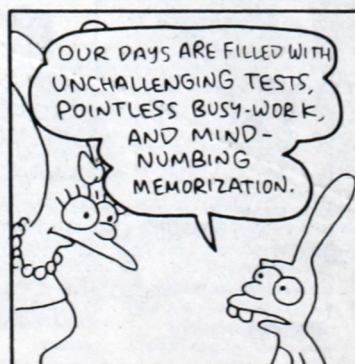
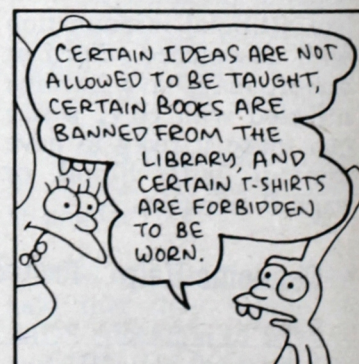
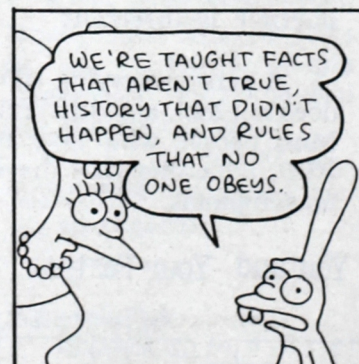
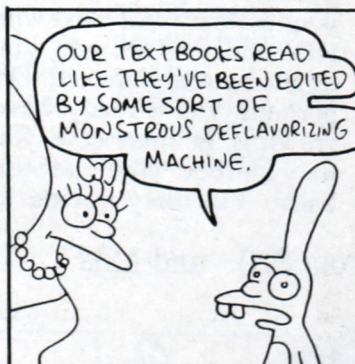
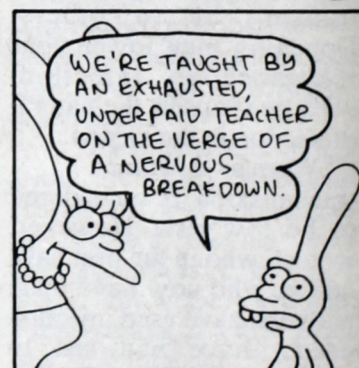
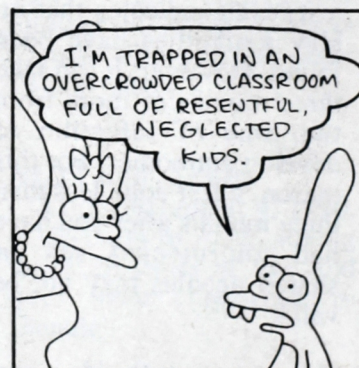
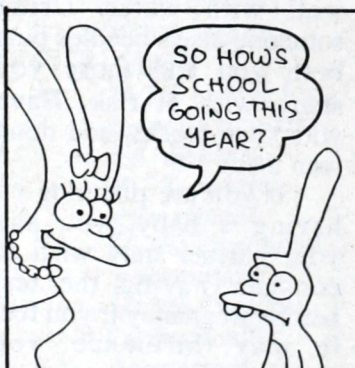
Geek

Dear Geek,

It hurts when a friend suddenly seems not to have the time for you, but 100k closer. She has just begun a relationship with a guy and most girls for the first little while shape their whole world around the guy and seem to leave the rest of their friends out. It doesn't last though as soon as she starts to get used to the idea of having a boyfriend she'll let her old friend back in again. While you wait, try finding some new friends or even a boyfriend.

LIFE IN HELL

©1990
By MATT
GREENING

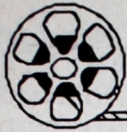


FELLOW STUDENTS

Da Hecklers have never been so busy as they have been in the last two weeks. Initially, we intended to take a short vacation in IRELAND, but were rudely interrupted by and IRA bomb. After defusing the bomb, we hurriedly departed for Belfast to return to Laurentian. To our dismay, George Jetson and Fred Flinstone hijacked our plane and make the pilot fly to Kuwait City. Yes, George and Fred are Shitte Muslim Terrorists from Lebanon. Both Fred and George wore masks but we could tell it was them by their 2-dimensional shapes.

The flight was frightening, but we were pleased to discover Wilma Flinstone entertaining passengers in the rear of the plane. Upon arriving in Kuwait City, Da Hecklers decided to try and overpower our animated enemies by burning them. We were quite successful, to say the least. We were then rescued by the Canadian Navy after they boarded our dinghy (which was larger then theirs) to see if we were in violation of the UN Embargo. Da Hecklers, after this close brash with death, have decided to become serious journalists. Who are we kidding!!!

Da Hecklers



Reviews



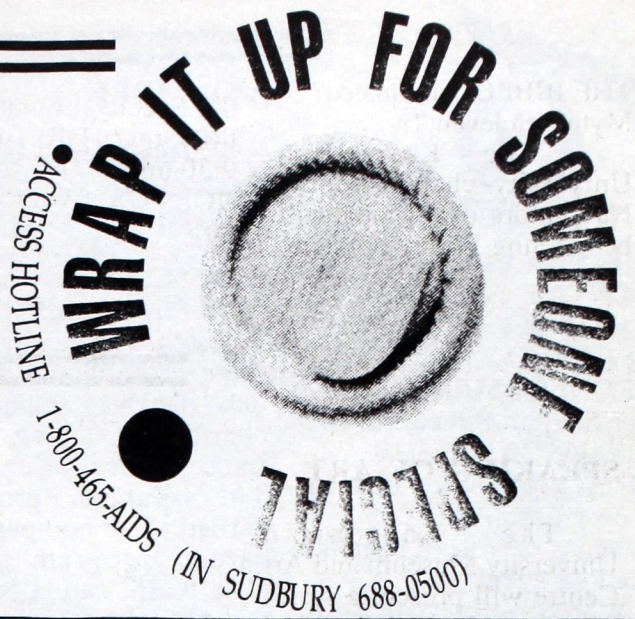
SWEET STEELER

Sweet Steeler rocked the Indy Super Pub last Thursday evening, in the Great Hall. Attendance was lower than expected, but a great time was had by those who were there!!

The event was presented by the S.G.A.

Shown in the photo are Laurentian students Alex Kuthie (left) and Darcy Menard of the local band Sweet Steeler.

The band has performed for the Laurentian University fans twice thus far, and we look forward to hearing them ROCK AGAIN!!!!



V V A L L Y Y
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V A A L L L L L L Y Y FACTS
Y &
ADVENTURES
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Hello fellow students, and girls. We'd like to waste this space and inform you of a new and hopefully entertaining column in which we will describe our many adventures and thoroughly researched facts along with a few rumor and questions. By the way, "we" are the Valley Boyz. Just picture what Arnold Schwarzenegger and Danny Devito were like in "Twins" and well... we're nothing like them! If you take Clint Eastwood, Bo Jackson, Evil Knievil, Albert Einstein, James Bond, Tom Cruise and the Blues Brothers; throw in a headband, a pair of name-brand running shoes and a pair of wayfairers and PRESTO! You've got the Valley Boyz. Why? First, Clint Eastwood because we're always calm and collected, Bo Jackson because we KNOW sports, Evil Knievil because we're rad and reckless, Einstein because we know 95% of what there is to know, James Bond because we're so good with the women, Tom Cruise because of our looks and the Blues Brothers because no matter how much trouble we seem to get into, we can always get out of it.

Well, n'uff said about us.....stay literate so that you can enjoy the first of our adventures.....next week!!!

Hang in there!.....there's only 105 days of school left and exams.

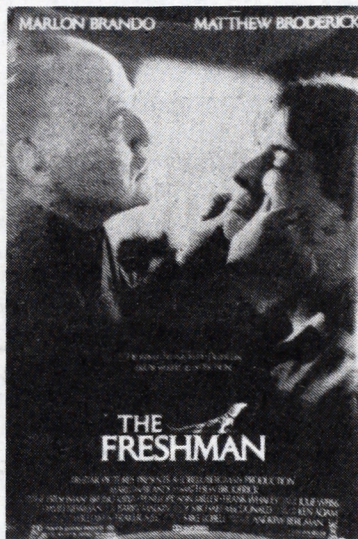
The Valley Boyz

WHEN : Oct. 21, At 8:00 p.m.

WHERE : School of Education Auditorium

ADMISSION : \$ 2.50 S.G.A. Members
\$ 4.00 All others

* Sponsored by : L.U. Entrepreneurs Club



FLATLINERS

Reviewed by Kevin Guthrie

Flatliners, a story of five young scientists, embarking on the search for life after death.

At University Hospital School of Medicine, a group of ambitious medical students are about to die ... and live to tell about it. Embarking on a daring and arrogant experiment, the five aim to push through the confines of life and touch the face of death.

Nelson Wright (Kiefer Sutherland), the manipulative, fame-seeking initiator of the project, has recruited Rachel Mannus (Julia Roberts), a self-made expert in the field of death; David Labraccio (Kevin Bacon), an idealistic yet pragmatic student suspended from med school; ladies' man Joe Hurley (William Baldwin); and the brilliant yet self-absorbed Randy

Steckle (Oliver Platt) to venture into a frontier that until now had been the exclusive province of religion and philosophy.

Their chilling, secret experiment to see what lies beyond life involves taking turn stopping their hearts until the monitors reading their vital signs indicate nothing but flat lines. Moments later, the other team members, armed with an array of medical equipment, step in to revive them.

In their search for knowledge, however, the five discover the profound consequences of daring to tamper with immortality. Returning from their peek at the afterlife, the students bring back manifestations of their past sins, something they had not bargained for. Forced to deal with their previous transgressions here in the present, the participants learn about life as well as death.

Columbia Pictures presents a Stonebridge Entertainment Production of

a Joel Schumacher Film, "Flatliners", starring Kiefer Sutherland, Julia Roberts, Kevin Bacon, William Baldwin, and Oliver Platt. The contemporary thriller is directed ty Joel Schumacher and produced by Michael Douglas and Rick Bieber. The writer is Peter Filardi, and the executive producers are Scott Rudin, Michael Rachmil and Peter Filardi.

"Flatliners" was a movie that kept me on the edge of my seat, throughout its entire length. The entire movie was very well filmed, with excellent choices in scenery and props. It is a definite MUST SEE movie.

"Flatliners" was seen at the Cineplex Odeon Theatre, beside City Lights.

Rating : 5 out of 5 bags of fluffy popcorn.



INFORMATION CENTRE FOR TALENT DEVELOPMENT

G-7 Student Street, S.S.R.
Do you want to know:
- What to do with a B.A. in ... or a B.Sc., or ...;
- What is the role of a public relations agent or ...;
- Which universities in Canada offers a program in journalism. law, pharmacy...;
- About study and/or work exchange programs;
- How to write a résumé, a cover letter;
- How to prepare for a job interview;

AND MORE

This library contains materials to assist you in your career planning and job search. You will find university and college calendars from Canada; educational requirements for some professional schools (law, dentistry, social work, pharmacy, teaching, etc...), some resources on exchange and volunteer programs abroad. Our computerized career program called CHOICES can also help you to find our information about careers and occupations compatible with your abilities, interests, needs.

So come and see us, we might have the answers to your questions...

LAMBDA PUBLICATIONS

Laurentian's Official Student Press
Since 1961

Lambda is the official weekly student newspaper of, by and for the students of Laurentian University. Lambda is funded through a direct student levy by the members of the Students General Association, yet remains editorially autonomous for all University organizations, both student and administrative.

Lambda is a member of Canadian University Press (CUP) and as a member respects and upholds the CUP statement of Principles and Code of Ethics.

The Lambda Forum is governed by an open letter policy. However, we will not print any material which is deemed racist, sexist, homophobic, libellous, or in bad taste. All letters must bear the authors full name, however, printing of names will be withheld upon request.

Staff membership is open to all members of the Laurentian University community and is contingent upon three published contributions, or fifteen hours of volunteer work per half term.

Copy Deadline: Fridays at 12:00 noon.

Editor-in-Chief	Tricia Lynn B. Morgan
Assistant Editor	Chris Land
Production Manager	Siobhan Kari
Business Manager	Steve Kean
News Editor	Chris Land
Sports Editor	Denton Anthony
Circulation Manager	Denton Anthony
Photo Editor	Tina Henderson
Entertainment Editor	Kevin Guthrie
Typesetters	Kathleen Fearon
	Marlene Sammon
	Cynthia Spekkens

Office Hours:

Mon.	10 - 4
Tues.	1 - 7 **Production Night**
Wed.	10 - 4
Thurs.	9 - 4 (Staff Meeting 2:30)
Fri.	10 - 4 (Copy Deadline 12:30)

**Lambda is now accepting
Classified and
Personal ads, ect.
30 words for \$3.00**

**We will not print any material which
is deemed to be racist, sexist,
homophobic, libellous, or in bad taste.**

CRO Nominations

Open Monday October 15, 1990
Closed Tuesday October 30, 1990

SGA By Election November 27-28, 1990

ANNOUNCEMENTS

This week I would like to concentrate on giving you valuable information on the Work Study Programme. W.S. is a component of the OSAP -- Ontario Student-Assistance Program. It was established in order to help students that were financially in need of help.

On campus, we still have a number of terrific opportunities left, jobs vary from \$7.00 an hour, to office work, research work, etc etc. If any of the following interest you, please come in and see us to discuss your qualification, and work preferences.

Postings

Ass't Vice Presidents' office
Contact: Dyan Adam
Research Assistants (3)
Details: Bilingual

Biology Dept.
Contact: Dr. Beckett
Lab Assistants
Details: Biology students only (2)

Academic Staff Relations and Legal Affairs
Contact: Patricia Hennessy
Research/clerical assistants
Details: Advanced Comp. + W.P. skills (1) position

Biology Department
Contact: Prof. Dr. Keith Winterhalder
Technical Assistant
Details: Upper year biology students only (1)

JOBS JOBS JOBS

Treasury
Contact: Gerry Labelle
Details: Clerk Tuesday + Thursday mornings (1)

Personel Services
Contact: Mrs. Lefebvre
Details: Bilingual, Office clerk (1)

Dept. of Sociology and Anthropology
Contact: Derek Wilkinson
Details: T.A.'s, 4th year Soci. or Anthr. students (2)

School of Engineering
Contact: Dr. S.P. Singh
Details: Fieldworkers (2) (mining and Surveying experience necessary)

Dept. of English/Language Centre
Contact: Wayne Fulks
Details: T/A's for W.A.C. courses

Centre for Research in Human Development
Contact: John Lewko
Details: Secretarial Asst. (Word processing needed) (1) (Bilingual)

Computer Services
Contact: Steve Beymon
Details: T/A's (4) (Computer Store Area) (1)

School of Human Movement
Contact: Dr. Sandy Knox
Details: Teaching Assistants (2) (Physical Education students) Secretarial Assistant (1)

L.U. Bookstore
Contact: Richard Morin
Details: Computer Store area (1)

Association Des Etudiants francophone
Contact: Stephane Gauthier
Details: Secrétaire Trésorier (1) Bilingual, Co-ordonateur des Activités (1)

L'Original Dechainé (1)
Trésorier
Livreur-euse D'Articles
Tapeur-euse D'Articles
Journaliste Aux Sports Universitaires
Vendeur D'Annonces (2 poste)

School of Social Work (Ecole de Service Social)

adjoint aux services de la bibliotheque (1)

moniteur (trice) du laboratoire d'ordinateur (1)

adjoint de recherches (1)

adjoint(e) en enseignement (1)

Gabrielle Lavigne,
Manager CEC-OC
G3 Single Student's Residence

Carte-Photo de L'U.L.

Mer. 24 Oct.

Jeu. 25 Oct.

Lun 29 Oct.

Mar. 30 Oct.

18 h - 20 h

Corridor à l'extérieur de l'entrée principale de la bibliothèque (Au hautde l'escalier, près de Tim Horton's)

Photo: 5\$

Renouvellement d'autocollant: (S'adresser au bureau L1025-Directeur des services).

* Après les dates ci-dessus:

À partir du 1 novembre et jusqu'à avis contraire, il sera possible d'obtenir une carte-photo en se présentant n'importe quel Mercredi entre 13h et 16h au bureau G-6, rue des étudiants.

RADIO PROPAGANDA

SPIRITUALIZATION & INCORPORATION INHABIT FOUNDATION

by Steve Madison

The tables were empty but the dance floor certainly was not. Kali & Dub Inc. treated a crowd of about 300 to an expert sampling of reggae, calypso, ska, funk, and jazz last Friday evening. The revelers required little prompting by the band to show their support on the dance floor. Kali & Dub Inc. are Montreal's premiere reggae band and captured the award for top reggae live band in 1989 at the Canadian Reggae Music Awards.

This was a benefit concert for Village International Sudbury. It was gratifying to see such a large turnout for both alternative music and a worthy cause. Congratulations are in order to the people at Village International Sudbury for their proficiency in organizing and promoting this event.

During an intermission, I had the opportunity to chat with Kali, the leader/singer/guitarist, about his music and the message behind it. The first thing that intrigued me was the fact that the band had released two records and a video independently. Hayes 'Kali' Thurton conceded that this was indeed an ambitious undertaking

but also very motivating. The band chose independent record releases over a cassette because they felt it had more credibility. Sometimes it's just too hard to get people interested in a cassette only release. The video release was an attempt to expose their music to a broader audience. In another attempt to increase listenership, the band has been on the road since June.

There is a strong commitment to the music and the message that Kali & Dub Inc. bring to the audience. Kali related how the musical art is the most important point of view. "Reggae is

important. The message and spirituality are important," says Kali. I wondered if this created a dichotomy between his musical principles and financial necessity. Although this is a profession, said Kali, and we must make the group financially viable, there is no compromise in quality or our message. Obviously this requires a lot of work.

This isn't a problem though, asserts Kali. In fact, his musical drive is almost compulsive. If he doesn't perform for 2 or 3 weeks, he becomes angry with himself and



Kali & Dub Inc. are: (l to r) Keith Ambrose, Joanna Peters, Hayes 'Kali' Thurton, Terry McGimpsey, and Alan Taylor.

states it is akin to feeling worthless. I asked if this kind of schedule wasn't difficult. The first day on the road is hard but you get used to it, says Kali. It's important for the audience to give in a concert but the band also wants to please, relates Kali.

Many of the concerts performed by Kali & Dub Inc. are related to human rights events. Kali related how it feels much better as an artist to be performing at human rights shows and delivering their message, rather than playing just top 40.

The central theme of the band is the progression of Black Culture and the message that everyone can make a difference. "This is what the band is about," says Kali. "Rasta is to try to get to roots." He went on to say how culture and society has gotten too complex. A close look at your roots is needed to help solve some of the problems. Class differences is another prevalent problem. Kali cites New York as an example of this and he would like to change these conditions. Kali believes that

it is wrong to sit back and think that one person can't make a difference. One person thought of as a whole can change things. This message is something that keeps people coming back. It is always there says Kali.

The spirituality in the music comes from the people. Whether you support the ideals by being on the dance floor or in a march isn't as important as the fact that you are doing something. From this comes the sophisticated sounds of Kali & Dub Inc., with a very human message.

JAZZ AT LAURENTIAN

by Steve Madison

It's always a treat to see live jazz, but when that jazz is performed by world renowned jazz guitarist Barney Kessel, the audience's pleasure is surely doubled. Last Thursday evening, Laurentian Community and friends were presented with

Barney Kessels' only Northern Ontario appearance.

As Jack Broumpton, Co-ordinator of Jazz Studies at Laurentian, stated in his introduction, this was a small but positive step in establishing a tradition of world class jazz here at Laurentian. This concert, although Barney Kessel

said he wouldn't call it a concert but rather an intimate recital, was the first in this seasons Jazz Series.

This was the first time that Barney Kessel and Steve Wallace had played together as a duet, but as both are professionals, they complimented each other extremely well. Kessel captivated the audience with his wit and superb playing. Whether he employed lightening quick changes or played a delicate arrangement, Kessel led

the audience through a beautiful performance that spanned many styles and influences.

Such diverse sources as the theme from The Flintstones, movie arrangements, a beautiful rendition of Yesterday, music from the Count Basie Songbook (where Kessel urged the audience to imagine a big band with only 2 people), and 2 compositions picked up in Brazil. It was a superb sampling of jazz that the audience greatly appreciated.

Other jazz events

scheduled for this year include, Oliver Jones' Workshops this month, a Mike Malone Workshop with a concert featuring the Huntington College Jazz Faculty on Nov.24/90 and a Jazz Celebration featuring the Laurentian Jazz Ensembles on Dec.3/90. These quality jazz productions are adding a welcome dimension to the Laurentian Community. For further information, contact: Jack Broumpton-Huntington College 673-4126 ext. 33.

ALTERNATIVE MUSIC
PUB NIGHT
PRESENTED BY
CFLR
BLA BLA BLA BLA BLA BLA BLA BLA BLA BLA
106.7 CAFE FM
EVERY WEDNESDAY
8pm to well past midnight
in the pub Down Under

CFLR's TOP TWO-FOUR

#Ch.	Artist	Album	Dist./Label/Misc.
#Ch.= number of consecutive chart appearances			a
nu= new add			a
nu	Mary's Danish	Live	A&M
nu	Orson Welk	This is Orson Welk	Arf Records
3	Stompin' Tom	A Proud Canadian	Capitol
nu	The Water Walk	Thingamajig	Capitol/ Nettwerk
3	Ray Condo & HRG	Condo Country	Cargo
3	Shadowy Men on a...	Savy Show Stoppers	Cargo
4	Change of Heart	Soapbox	Cargo
nu	Various	Duck and Cover	Cargo/SST
nu	Razor	Shotgun Justice	Fringe
nu	Indian Rope Burn		GGE Records
2	The Molly Maguires		Indie Cassette
nu	Real Truth	Dum Lik Uh Stump	Indie Cassette
nu	The Walk	Hollow	Indie Cassette
2	Niagara	Religion	MCA
nu	Various	Pump up the Volume	MCA
2	Curious George	Children Of A Common...	Nemesis Records
3	Bootsauce	The Brown Album	Polygram
nu	Happy Mondays	Step On 12"	Polygram
nu	Pixies	Bossanova	Polygram
nu	Jean LeLoup	L'amour Est Sans Pitie	Select
nu	Various	Jazz Montreal	Select
3	Martine St. Clair	Caribou	Select/Guy Clothier
2	Various	What Else Do You Do?	Shimmy Disc
nu	Hexx	Watery Graves	Wild Rags

ACADEMIC ALL-CANADIAN

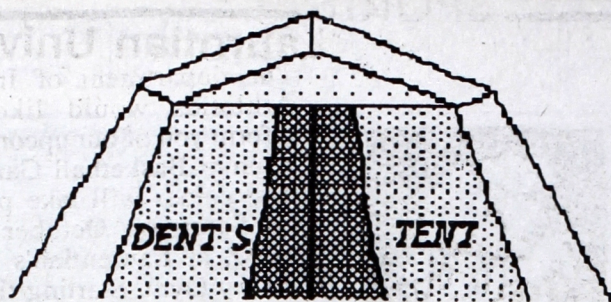
Carolyn Swords a second year guard with the Laurentian Lady Vees Basketball Team has been named to the CIAU Academic All Canadian Team for 1989-90. Carolyn is presently in her second year of Engineering at Laurentian University is a Canadian Scholar Bursary this past year. Carolyn hales from Nepean Ontario and last year while helping her team become National Champions was also chosen M.V.P. at the Ontario Championships in Ottawa. To qualify as an Academic All Canadian that student athlete must be enrolled as a full-time student in a recognized program and have maintained a minimum of 80% in all academic courses.

LAURENTIAN UNIVERSITY WOMEN'S BASKETBALL TOURNAMENT 1990 Tournament Draw

Friday, October 26
6:30 LAKEHEAD vs. BRANDON
8:30 LAURENTIAN vs. CONCORDIA

Saturday, October 27
6:00 CONCORDIA vs. BRANDON
8:00 LAURENTIAN vs. LAKEHEAD

Sunday, October 28
11:00 a.m. LAKEHEAD vs. CONCORDIA
1:00 p.m. LAURENTIAN vs. BRANDON



Voyageurs Visit By Denton Anthony with David Gardner

Dave Gardner is a rookie on the 1990-91 men Voyageurs basketball team. Dent's Tent took a hike and pitched a tent to interview the anxious rookie.

DT: Dave, how did you get started in the game of basketball?

DG: "I started playing basketball when I was in grade ten. It was my friends that encouraged me to play."

DT: Did you enjoy success while playing in high school? Was your team successful?

DG: "Yes. I won a few awards. In my four years of

playing, we (team-O'Gorman), went to 'A' OFSAA three times, each time coming away with a medal."

DT: What is the biggest difference or adjustment you had to make between high school and University basketball?

DG: "Practice is very intense, it is extremely physical, and the fundamentals are more stressed at University."

DT: Did other schools express interest in your talents?

DG: "Yes? I talked to the coach at York, and I was recruited by Lakehead."

DT: How do you like the University, and what are your academic goals?

DG: "The people are friendly here. I like it because everyone is so nice. I still have to choose a major, I'm leaning towards Political Science."

DT: Dave, is there any special person in your life?

DG: "No one in particular. It's hard to keep a serious relationship with basketball and school. I like to date."

DT: What are your hopes and/or goals for this year?

DG: "I just hope to keep improving, and I would like for the team to do well and win the Nationals."

Good Luck Dave, from Dent's Tent.

THE SPORTS PAGE

Laurentian University will be hosting the Voyageur Invitational Women's Basketball Tournament on October 26, 27, and 28, 1990. Along with the Lady Vees (1989/90 C.I.A.U.

Champions) Brandon, Lakehead and Concordia will be participating. All games for this event will be played at the Ben Avery Complex (Laurentian University Gymnasium).

SUCCESSFUL WEEKEND FOR WOMEN'S FIELD HOCKEY

FIELD HOCKEY

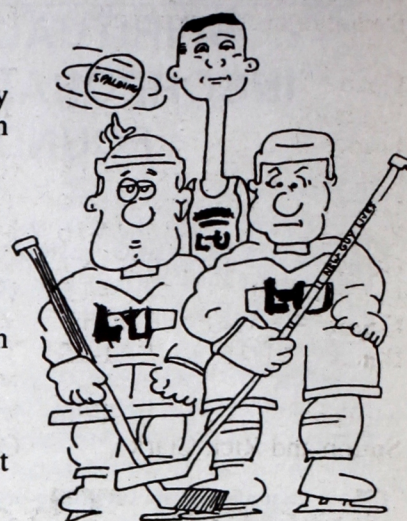
The Ladies Field Hockey Team played three games on the weekend.

Game 1 :
Laurentian 3
Carleton 1

The scorers for Laurentian were : Pam Hartnett
Stacey Bean
Joanne Whitten
Molson MVP : Pam Hartnett

Game 2 :
Laurentian 0
Queen's 0
Molson MVP : Jennifer Ralston

Game 3:
Laurentian 2
Waterloo Score N/A
The scorers for Laurentian were: Naline Dindial
Molson MVP: Naline Dindial



MEN'S HOCKEY

The Men's Hockey team played RMC and Georgian College this weekend.

Game 1 :
Laurentian 4
RMC 5 (overtime)
The scorers for Laurentian were : Scott Wassen
Rob Lalonde
Wayne Wither
Bill Campbell

Game 2 :
Laurentian 4
Georgian College 1
The scorers for Laurentian were : Frank Kuznik
Rob Lalonde
Vic Shepherd
Des St. Croix
Molson MVP : Vic Shepherd



WHAT'S HAPPENIN'

MEN'S INTRAMURAL HOCKEY

Laurentian University Man's Intramural Hockey is back for its 1990/91 campaign! The regular season will be held at Bell Grove Arena; Sunday's from 10:30 p.m. to 1:30 a.m., Monday's from 11:30 p.m. to 1:30 a.m., and Wednesday's from 10:00 p.m. to 2:00 a.m.

The teams competing in the competitive "A Division" will be: Blue Lights; U.C. Unicorns; Hawks A; S.S.R. Chiefs; Cards; Commerce; Engineers; Stokers.

The teams competing in the non-competitive "B Division" will be: S.S.R. Heat; S.S.R. Devils; U.C. Hounds; U.C. Raiders; U.C. Longhorns; Colts 35's; Hawks B; Education.

Standings will be posted regularly. for any further information on the 1990/91 season, contact Dwayne McKillop or Kevin Rollins at 688-9913, or Dave Jeffries at 688-9521.

Good luck and happy hockey to all the teams.

CROSS COUNTRY
Saturday, Oct. 20 Laurier Invitational
1:00p.m.



MEN'S SOCCER
Saturday, Oct. 20
Laurentian at Carleton
1:00p.m.
Sunday, Oct. 21
Laurentian at Trent
1:00p.m.

SWIMMING
Saturday, Oct. 20 Ryerson and York at Laurentian
12:30p.m.



STAY ALIVE
don't drink and drive

The Peer Tutoring Program

Tutors are needed for:

- MATH 1912 - 6 students waiting
- MATH 1036 - 2 students waiting
- MATH 2127 - 1 student waiting
- COSC.1900 - 1 student waiting
- ECON 2127 - 1 student waiting
- PHYS 1006 - 2 students waiting
(one english, one french)
- COMM 2605 - 1 student waiting

Apply to the Centre for Talent Development,
Room G7, Student Street, SSR.

Qualified tutors earn \$6.00 per hour for individual tutoring or \$8.00 per hour for groups of two or more.

MEN'S VOLLEYBALL

The Men's Volleyball team competed in the Brock Invitational this weekend.

Game 1 : Laurentian vs. Waterloo 9-15, 9-15
Game 2 : Laurentian vs. Queens 7-15, 15-13, 7-15
Game 3 : Laurentian vs. Toronto 7-15, 14-16
Game 4 : Laurentian vs. Laurier 9-15, 15-6, 9-15
Game 5 : Laurentian vs. Brock 11-15, 15-7, 11-15

Molson MVPS : Tom Sutton and Rick Clark

MEN'S SOCCER

The Laurentian Soccer Team played Toronto and York this weekend.

Game 1 : Laurentian 0 Toronto 1
 Molson MVP : Karl Franke

Game 2 : Laurentian 1 York 2
 The scorer for Laurentian : Neil Crawford
 Molson MVP : Neil Crawford

**Laurentian University Alumni Games**

The department of Inter-Athletics would like to inform you of our upcoming Alumni Basketball Games. The games will take place on Saturday, October 20, 1990, at Laurentian's Ben Avery Gym. Starting times will be 5:45pm for the women and 7:30 pm for the men. We are anticipating two exciting contests

VEES ARE AWESOME!!

between the past and present Voyageurs. Wednesday, October 17, 1990, this office will provide you with the highlights of this year's varsity squads along with spotlights on various returning Alumni.

**Sports Thought Spot****THE ONE THAT GOT AWAY-PART II**
by Phil Andrews

I shall never forget my first game as a referee, but never, never shall I ever forget the one that got away. At first all seemed well and quite enjoyable. For the initial part of my maiden season I would be paired, ostensibly for on ice tutorship, purposes with a "veteran" referee. My mentor was Chris who had a delightful butt-cheek length hair, a penchant for smoking more than the Sudbury smokestack and was the most assertive, nay confrontational - idiot - know it all- "four foot eleven and a half inch", thirteen year old ever to gain membership into this species. Indeed though the professor looked dubious I had to take his course.

Ideally, that meaning it two officials show up for the game, Sudbury playground hockey is refereed by a "two-person" system where each official shares equally the traditional responsibilities of the linesmen and the referee. My first game with Chris was scheduled for a local rink where I had played my minor hockey and I was genuinely excited about making my debut as the enforcer referee in all of Sudbury minor hockey.

I had arrived at the arena and had to fight off the unconscious pull towards the players dressing room, for I was now an official and my new social status meant I got to don my tools of law and order keeping in my own private room. Acrid, cumulus clouds of grey cigarette smoke and the indistinct features of a maned human life form greeted me in the dressing room and I missed not a beat "Hello Chris."

"Hi dude. It's Bill right."

"Phil"

"Okay Bill, well this is your first game. These are two rough fast teams. I want you to watch the action and watch me. For your fist time I'll make the calls. We'll both see them, but if you hesitate I'll call them."

My apologies for making Chris sound functionally literate which did not seem to be the case. However, it is important for the reader to know that Chris seemed to be preparing to prepare me psychologically for first tag team rabid pit-bull tickling championships, when in fact I had us scheduled to officials a squirt hockey game.

As the smoke dissipated and game time approached I noticed Chris closely examining my refereeing apparel. Himself nattily attired in the most top line zebra garb, I pulled on my black addidas sweatpants, a brand new 200% virgin polyester Canadian Tire label referee jersey, a pre Mesozoic era black Cooper helmet and a shiny new metal whistle, the kind that adheres well to lips in subzero weather. Undaunted and never the fashion setter, I donned my Salvation Army - issue outfit, listened to a few more "gird your loins" mantras from my pint sized Alice Cooper clone for a partner and then took to the ice.

It was awkward touching the ice and stretching without a hockey stick before a hockey game. I was nervous. I tried to scan the crowd for leather lunged hockey mothers from Satan's lair but none seemed particularly menacing. Neither did the two legions of hockey players who soon poured, literally onto the ice. I could not fathom how two complete sets of feeble ankled, non finesse squirt aged munchkins could have stimulated such a warning from Chris.

Nonetheless the game began without incident and continued as such with me generally looking the part of a Sears magazine referee mannequin as the two squirts teams muddled about the puck in on uncoordinated ten person scrum nary gaining or losing position, possession or momentum. When finally the tangled mass of squirt humanity huddled across

my blueline I contently smiled as a fellow spectator. My tranquil observation was shattered by the unmistakable music of one of the aforementioned hockey mothers fairly bellowing my helmet off to inform me that even some relatives of hers from the CNIB could have called that offside.

Just in the human interest of actually learning exactly what sort of human could spontaneously scream at forty decibels, I committed a cardinal refereeing sin in turning from the on ice action to try to observe this biological wonder. No sooner had I done this magnificent pirouette than a yell went up from near the goal and 5 sticks rose in unison to the air to celebrate a goal. A goal that it was my duty to report to the scorekeeper as to who was the marksman and who assisted him, but first I had to whistle and try to immediately recover and give the signal for a goal. What followed was a distinct epileptic-like impersonation of John Travolta in Saturday Night Fever as I stopped, raised my arm for a penalty, corrected my arms to mean a goal, confusedly repeated the procedure and finally put the whistle to my mouth and blew it. Being metal it froze there and had to be yanked off, which caused cascades of intense localized pain and other strange gyrations to take over my arms.

When I recovered control I realized that I would have to award goals and assists on the goal and that the hockey mother must

have thought that I had suffered a stroke for now even she had shut up. Looking over the players skating off and fighting off mu instinct to say, "I'll watch it on the replay in a second." I quickly decided that a fat kid, number 3, deserved an assist because he reminded me of my playing days and I know that I never saw a lot of assists. For the other assist I cited number 6 a black player who had caught my attention as someone else who looked like he could use another point. The goal went to some kid with expensive equipment and

his name on the back of his jersey. For the remainder of all of the goals in the game there would be many, all for that one team, all my scoring summaries were given as variations of these three players. To this day I maintain it is not the easiest chore to attribute the scorer and the playmakers when from a mad scrambling huddle, the puck goes in the net, a yell goes up and five sticks go up.

The game itself was slaughter. For reason of human dignity I decided to let the 1-0 score be posted as no higher than 5-0 on the scoreboard. Such tactical psychological maneuverings generally do not mask the truth, but at least I felt like I was accomplishing something in my role as arbiter of justice.

The game was mercifully winding down when I committed my second and third hockey officiating faux pas both incidentally coming on the

same play and the later leading to my first penalty call. Dropping the puck for the faceoff is an art, make no doubt about it. One must squat, hide the puck, make sure the draw is fair then smack the puck onto the faceoff circle and backaway. There is much less poetry in motion when conducting a faceoff as I did, I lowered my hand to the circle, bounced the puck off the ice, was simultaneously smashed on each of my shinpadless shins by the two flailing centers and is backing away smothered a helpless squirt hockey player.

As for the penalty call I must credit the hockey mother with the blowhorn lungs. It was during the third period of this slaughter that I dumbfoundedly noticed that the team of sheep was actually controlling the play. So shocked, I noticed the nine players they had on the ice making this feat possible. Fortunately my eye and mouth in the stands after making two or three disparaging remarks at the expense of my mother, comparing my refereeing skills to that of her dog finally bellowed, fairly

handing over the glass, "Can't you count?? There's too many on the ice."

To this I chuckled in thought "Too many men. No way!" So I counted, "There's one, two, three ... eight ... oops!" Bingo my first penalty call all due the shrewd eye of a certified level five hockey mother form the great beyond.

Without incident the game finally ended 13-0. The extra point for the second touchdown was presumably blocked by the losing team. In any event I thanked Chris for his leadership training and bolted home tail firmly between my legs, and absolutely terrified that I had chose to park beside the hockey mother mouth. Later that day I received a telephone call from the referee in chief who said that he had been attendance at my game. In reaching for some excuse for the most abysmal refereeing performance in the history of the game, I paused, long enough for him to say, "Great game I think we're ready to put you in some big outdoor games."

"Great", I said, not realizing at the time that Vietnam had been a little outdoor game in this man's opinion. He informed me of my next games, little did I know that one of these would end my career and the one that got away. (continue next week)

Intramural Football Results

The championship games of Intramural Flag Football, were played Tuesday, October 2nd on a sloppy field. In the women's division, Huntington emerged victorious over Stokers A by a score of 30 to 8. In the men's division, Stokers A downed V.C. Raiders by a score of 28 to 14. We would like to thank all the competitors for their involvement and also Little Ceaser's on Regent, Rocks Athletics wear and Dorothy Pitzel for all their support. We would also like to thank Pie for all of his help.

Jason Orman

An Introduction to The Facts On Anorexia Nervosa and Bulimia

Two serious eating disorders, anorexia nervosa and bulimia nervosa, are afflicting a growing number of young people today. It is estimated that as many as four per cent of young women in Canada are currently suffering from one of these disorders.

Whether you are affected by an eating disorder yourself, or are a family member or friend of someone who is, this booklet will give you a general understanding of:

- anorexia nervosa and bulimia nervosa
- social, physical and individual factors
- how to deal with someone with an eating disorder

An improved understanding of anorexia nervosa and bulimia nervosa will go a long way in preventing their occurrence in some instances and may also help those already affected. We hope you find this information helpful.

Incidence

The ratio of women to men affected by eating disorders is nine to one, so for simplicity, we will refer to individuals in this booklet as "she," "her", etc. This in no way means men are excluded.

Anorexia nervosa has previously been seen as affecting white, adolescent, upper and middle class females, but researchers now realize that it cuts across all age and class boundaries, affecting approximately one per cent of adolescents and young women.

Although the figures vary, and depend on the group studied, approximately two to three per cent of females have

Effects of Weight Loss

Many of the symptoms attributed to anorexia nervosa and bulimia nervosa are not unique to eating disorders but actually caused by starvation. In a classic study conducted at the University of Minnesota during World War II, male volunteers were exposed to a six month diet which resulted in substantial weight loss.

It was concluded that when food is restricted and weight loss occurs, individuals will experience significant psychological and physical changes. **Attitudes towards food** and eating were affected in the study, with many of the volunteers becoming preoccupied with food and some developing bulimia. Many complained of

Eating Disorder Awareness Week October 22-28, 1990

bulimia nervosa, and as many as eight per cent of young women have many of the symptoms of the disorder, such as binge eating and occasional vomiting.

Some people have considered anorexia nervosa and bulimia nervosa separate and distinct eating disorders. This is misleading as they both share many symptoms. As many as 50 per cent of anorexic patients also report binge eating and purging.

Both anorexics and bulimics are dissatisfied with their body shape and are extremely afraid of gaining weight. Thinness is an important measure of self-worth for these individuals. Gaining weight is also seen as losing control. This is frightening as many individuals with an eating disorder believe their weight is the only area of their lives they can control.

Anorexia Nervosa

Anorexia nervosa is characterized by drastic weight loss resulting from excessive dieting and other behaviors such as intense exercise to burn calories.

Most individuals with anorexia nervosa fail to recognize how underweight and undernourished they are, despite persistent comments from others. Even when down to 80 pounds, the anorexic will find areas of her body that still "need work" and will often complain that she "feels fat".

Bulimia Nervosa

Bulimia nervosa is characterized by periods of **binge eating** followed by attempts to **purge** the food from the system. Purging can be done through self-induced vomiting, the abuse of laxatives, periods of fasting and/or excessive exercise.

emotional changes such as increased depression and anxiety, irritability, social withdrawal, poor concentration, and reduction in sexual interest.

Physical changes included hair loss, dry skin, and disturbed sleep patterns. Because the body had fewer calories (energy) on which to survive, it began to conserve energy, resulting in lowered heart rate, respiration, body temperature, and overall metabolism. The reasons for these findings can be explained by the "set point" theory which states that the body will alter one's metabolism, either slowing it down or speeding it up, in order to maintain a weight it prefers.

These cycles of bingeing and purging are often accompanied by feelings of self-reproach and depression. Belimics believe they have lost control over their dieting attempts and often feel disgusted about their purging.

The belimic may initially lose weight, but may gain all of this, and sometimes more, back because of the ineffectiveness of purging. The abuse of laxatives, in particular, while getting rid of water and important nutrients, eliminates very few of the calories from food. the bulimic may feel lighter or less bloated after purging because of water loss, but will still retain many of the unwanted calories.

Anorexia and Bulimia as multidetermined disorders

While it is impossible to precisely pinpoint what causes an eating disorder, there are three broad classes of factors which can contribute to the development of anorexia nervosa or bulimia nervosa. Because each person is different, factors that play a role in some cases, may have little to do with the development of the eating disorder in others.

Sociocultural Factors

There is enormous pressure in North American society to be thin, particularly for women. The physical standard for women today isn't merely thin, it's **ultrathin**, and is very difficult to obtain. People are pushed from all directions to be thin. Women's magazines are full of ads and articles on the latest ways to shed those extra pounds and thinner and thinner models adorn the fashion pages.

Physical Problems Related to Weight Loss

- * Lowered heart rate
- * Lowered body temperature
- * Overall lowering of body metabolism
- * Irregular menstruation or loss of period
- * Growth of fine body hair on face and back
- * Dry, pasty skin
- * Fatigue
- * Swelling or puffiness in fingers, ankles, and face

Physical problems related to binge eating, vomiting and purgative abuse

- * erosion of dental enamel
- * swollen salivary glands
- * gastrointestinal disturbances
- * kidney damage
- * weakness and lethargy
- * epileptic seizures
- * dehydration and electrolyte disturbances

Thinness is associated with beauty, success and happiness, and many people believe they will only be loved and respected when thin. to make matters worse, there is an intolerance of obesity in our society. In fact, it is one of the few remaining accepted social prejudices.

The fitness craze is also pushing thinness. At many fitness clubs today, losing weight or improving shape are often seen as more important goals than improving physical fitness.

Tragically, there has even been a glamorization of eating disorders. The media has, at times, portrayed eating disorders as almost fashionable. Anorexia nervosa has been associated with positive qualities such as wealth, intelligence, perfection, and self-discipline. It is feared that this glamorization may be contributing to the development of some cases of anorexia nervosa bulimia nervosa.

Individual Factors

Individuals who develop an eating disorder generally feel ineffective and have low self-esteem. Dieting is seen as a method of obtaining self-worth and self-control, which temporarily makes these people feel more effective. Unfortunately, extra attention is paid to people who are losing weight and they feel special because of it. Another factor which may lead to the development of an eating disorder is the feeling of being unprepared for adulthood. There are so many stressful things and adolescent must deal with: conspicuous changes in the female body associated with weight gain; the issues of dating and sex;

independence; and what to do with the "future". Dieting is sometimes mistakenly seen as a solution to these feelings of apprehension and as a way to avoid having to deal with these issues. Women who are involved in dance and modelling, where the pressure to be thin is very intense, are at an increased risk for developing an eating disorder, as are individuals with insulin dependent diabetes.

Family Factors

There is no "typical" family connected to anorexia nervosa or bulimia nervosa. There are, however, some family factors that might contribute to the development of an eating disorder in some individuals:

- poor communication patterns
- rigidity in dealing with the problem
- over protectiveness and the failure to recognize a child's independence
- facade of stability covering underlying problem
- history of eating disorder, alcoholism, depression

It is important to realize that many of these characteristics may not be causes of the eating disorder but fail normal responses of a family with an extreme ill member.

laxative abuse
* weight loss or fluctuation

Treatment

The first step in treating an eating disorder is for the sufferer to realize she has a problem and then **talk to someone about it**. It can be a family member, good friend, school nurse, or family doctor. This trusted individual will at least provide some much-needed emotional support and may be able to help find someone qualified to treat the eating disorder.

Everyone is different, so the type of treatment necessary will depend on the person and the situation. It is a generally accepted practice the therapists take a "two-track" approach to dealing with an eating disorder. The first stage involves



focusing on food and weight issues. Normalized eating and weight stabilization are addressed during this "track". A nutritionists may be consulted to help with this and to educate the individual on what good eating habits are.

The second track addresses the underlying issues, beliefs and attitudes of the patient.

Hospitalization

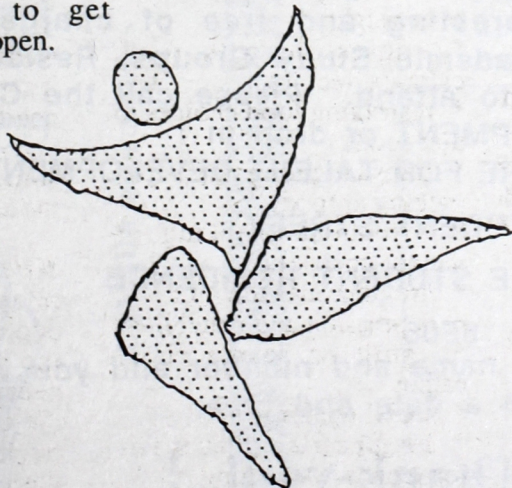
Hospitalization is usually not necessary unless the patient's weight is dangerously low or she is bingeing and purging several times a day. Ideally, hospital staff will recognize the need for emotional support and treat more than just the physical problems. Treatment would include bedrest, weight stabilization, and nutrition counselling, as well as psychological treatment to resolve emotional or family problems which may have contributed to the development of the disorder. It is important to note that follow-up counselling is almost always needed for those who have been hospitalized.

Counselling

Professional counselling is primarily done by psychiatrists, psychologists, social workers and general practitioners. It will first stress the importance of weight stabilization and proper nutrition. Therapists often recognize that providing sufferers with plenty of information about the disorder is one way of helping that person deal with, and sometimes recover from, the problem.

Because eating disorders are associated with stress, methods for managing stress and improving self-esteem may be discussed.

It is often a good idea for the family of sufferers to seek professional help, if only to learn how to cope with the disorder. Family counselling may deal with problems, it they do exist, and help open the lines of communication. Again, it will provide information and an opportunity to get feelings out in the open.



EATING DISORDER AWARENESS WEEK

Support Groups

Support groups may take the form of group counselling led by a therapist, or groups run by the members themselves. Some form of professional assistance is advisable.

One of the most positive aspects of belonging to a group is the reassurance that "you are not alone". Support groups are a good place to get information. Groups with various formats have been set up for sufferers, friends and family.

Medication

A number of anti-depressant drugs have been used in the treatment of bulimia. They should however, be used under careful medical supervision and within the context of psychological counselling.

Coping With an Anorexic or Bulimic Person

* Let her know you are concerned and there to help.
* Encourage her to seek professional help. If she

resists seeking help, you may want to take the first step and find a good therapist.

* Remind her that she is not alone. If she is unwilling to seek the help of a professional, help her find a support group to attend.

* You may want to help find a support group for friends and families. You may find it beneficial to talk to someone who has shared the same experience.

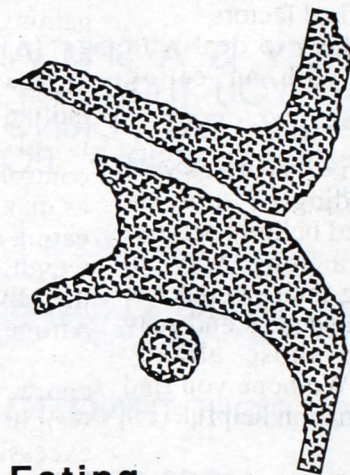
* Read as much as possible about eating disorders. The more you know, the more you can help her understand.

* Be persistent, but not pushy, in trying to get her to seek help. If she is in physical danger because of her eating disorder, be pushy!

* DON'T force her to eat.
* DON'T tempt her with favourite or high calorie food.

* AVOID comments such as "If you eat, you'll look better", or "You look better since you have gained a few pounds", since most anorexics and bulimics interpret this as "to be better is to be fat".

*DON'T let conversations focus on food and weight.



THINNESS ISN'T THE ANSWER... IT'S WHAT'S INSIDE THAT COUNTS

Contrary to popular belief, thinness doesn't guarantee happiness, health or success. That is the message to be spread across Canada and the United States during the third annual Eating Disorder Awareness Week, October 22 to 28, 1990.

From young ages, girls learn to link their self-worth with appearance and body size. Today, the unrealistic ideal of beauty they aspire to meet is thin, white, able-bodied, smooth-skinned, young and glamorous. "It is not surprising that most women in our society are dissatisfied with the size and shape of their bodies, given that less than 5 percent of us 'fit' this ideal," says Carla Rice, Coordinator of the National Eating Disorder Information Centre. "The relentless pressure to meet unattainable standards of

beauty causes women to develop harmful feelings towards themselves and their bodies," says Rice.

Poor body image and a constant preoccupation with weight are experienced by the majority of women in our society. Although this preoccupation is commonly accepted as the 'norm', the resulting physical and psychological effects cannot be ignored. Women who are dieting commonly struggle with irritability, depression, bingeing, low self-esteem and increased weight over the long-term.

For information on activities in your area, please contact:

Sudbury General Hospital
Eating Disorders Clinic
584 Clinton Ave.
Sudbury, ON
P3B 2T2

GIVE UP DIETING ON FEARLESS FRIDAY

October 26, 1990 is "Fearless Friday" in North America, and dieters across the continent are encouraged to eat what they want without feeling guilty and without fearing weight gain.

"Fearless Friday" has been established as part of Eating Disorder Awareness Week to draw attention to the relationship among body image dissatisfaction, dieting and eating disorders. By focusing on the pervasiveness of dieting and weight preoccupation, we hope to increase public awareness of pressures on women to achieve unattainable cultural ideals of beauty.

"We are encouraging people to challenge their personal preoccupation with weight. We are asking them to donate their 'thin' jeans to a women's shelter or charity... and to stop worrying about calories and weight even if only for one day," said Rice.

Sudbury Eating Disorder Clinic

by: Tricialynn Morgan
Kevin Guthrie

A pilot project was done by the General Hospital during '86-'88 addressing Eating Disorders; Anorexia Nervosa and Bulimia, with the intention of implementing community-based participation via education about the disorders.

A proposal was presented and due recognition of immediate need for specialized treatment of eating disorders and funding was granted in April of last year.

The Eating Disorder Clinic, which remains a program of the Sudbury General Hospital, opened their doors in January of this year to educate and help those who have or may have an eating disorder. Comments Dan Keany, Social Worker for the clinic, "we want the community to know they should self-educate themselves [sic]". Anorexia and Bulimia. Eating disorders are serious problems and affect the individual socially, physically and emotionally.

The clinic is the only one of its kind, north of Toronto. Its basic area is the Sudbury and Manitoulin districts.

Referrals to the clinic are from the individuals themselves, doctors, some family members, friends, and even some high schools. Most of the people coming into the

clinic tend to be between the ages of 14 to 24 years, and even some up to the ages of 40+ years. The people in the higher age bracket, may have been hiding the disorders from a possible five to fifteen years.

The clinic has three main objectives:

1. Nutrition and Physical Rehabilitation
2. to Normalize Eating Habits and
3. Psychotherapy -- in order to help look at the social and emotional areas of the life and its needs.

This is the second year, the clinic has participated in National Eating Disorders Week. Information Booths will be set up outside The Great Hall, on October 23rd & 24th, from 11AM to 1PM. Clinicians and Laurentian Peer Assistance programmers will be on hand to distribute bilingual handouts concerning eating disorders.

For more information contact: Dan Keany or Vicki MacDonald at the Eating Disorders Clinic, at: 584 Clinton Ave Sudbury, ON 671-3320

LAURENTIAN ENTREPRENEURS' CLUB
PRESENTS

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WITH DOREEN HARTLEY

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5:00 PM AT THE

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(Listening, Reading, Remembering)

The workshops are offered separately and will begin immediately once small groups have been formed. They are informative, interesting and free of charge! Individuals and Groups (Academic Study Groups, Residence Floors, Etc.) are encouraged to attend. Please call the CENTRE FOR TALENT DEVELOPMENT or drop in :

CENTRE FOR TALENT DEVELOPMENT

G7 STUDENT STREET

SINGLE STUDENT RESIDENCE

673 - 6506

Leave your name and number and you will be contacted shortly after with a date and time.

Thank-you! !

Chinese Students's Association
invites you to the

Welcome Party!

Venue: Robertson Cottage

Date : 20th October 1990

Day : Saturday

Time : 6:30pm

Fee : member \$2.00

non-member \$4.00

Come & join us, folks
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****English is our official language**

Activities:  

****A variety of
Oriental food**

****Dancing**

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****Lucky Draw**

For more information

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Jessica Ng

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Tony Mione

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Go Where The Action is ...

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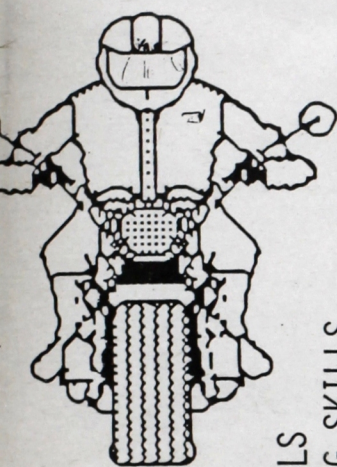
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enjoy being responsible for finances of others

enjoy meeting others

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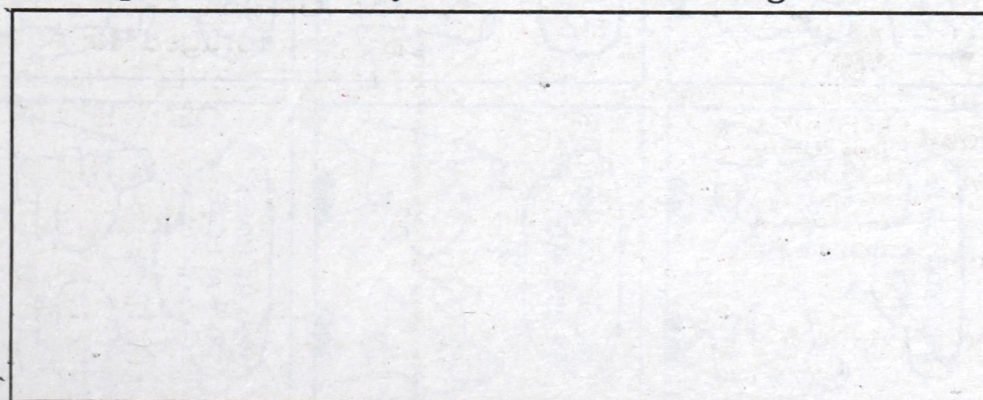
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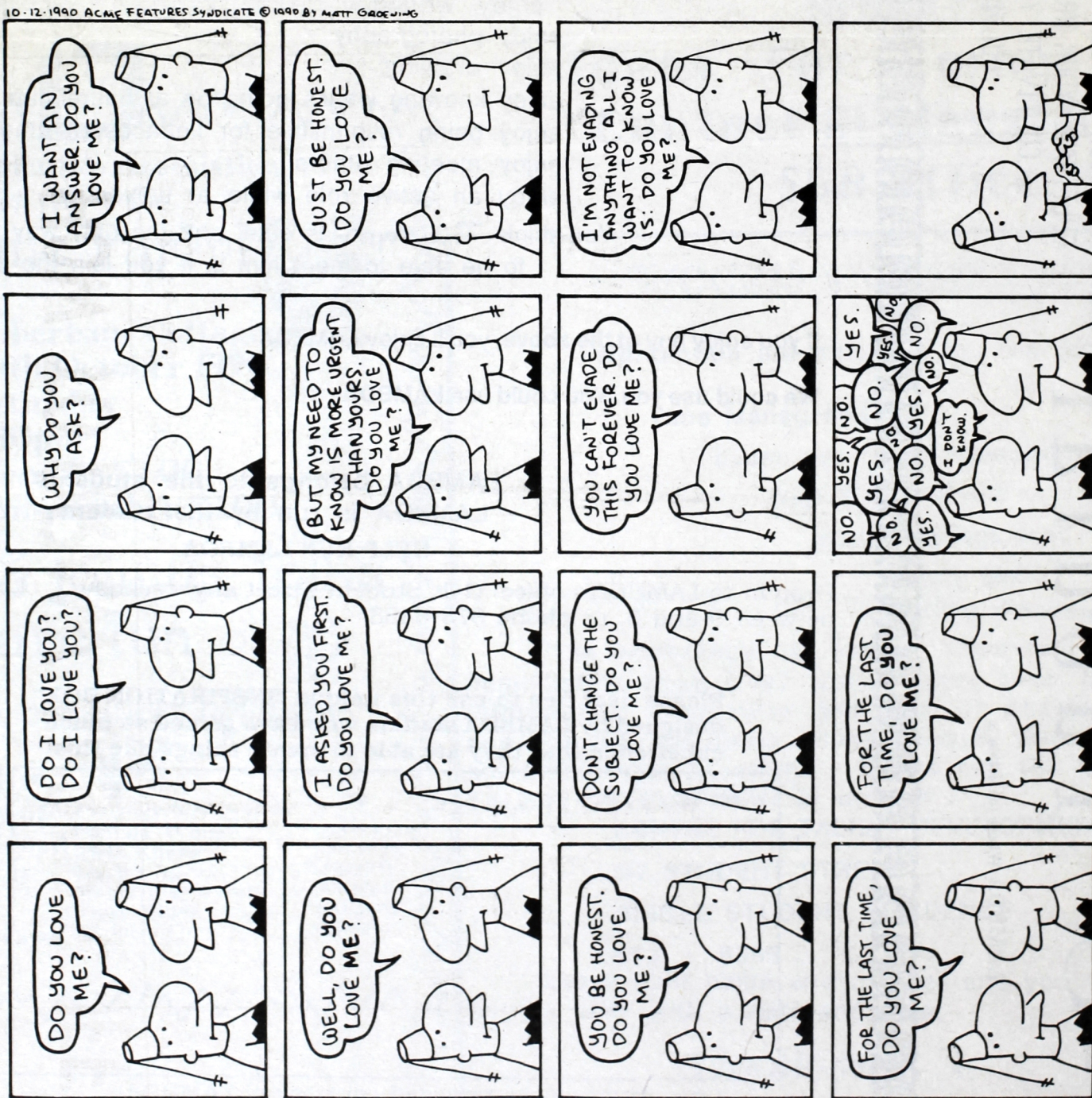
Drop in to LAMBDA's office: G-1, Student Street any weekday between 9 and 5, or phone 673-6458

Please feel free to use this unique "INSPIRATION BOX" designed by LAMBDA staffers who have gained so much experience that they are able to create things like this!



(Inspiration space provided courtesy of LAMBDA)

A Little Comic Relief



HOW TO DRAW AKBAR & JEFF

